Ferm 3160-5 (November 1983) (Formerly 9-331)	UPTED STATES DEPARTML , OF THE INTERI		Budget Burc au No. 1004-0.35 F Expires August 31, 1085 5. LEASE DESIGNATION AND BERIAL
	BUREAU OF LAND MANAGEMENT NDRY NOTICES AND REPORTS C Is form for proposals to drill or to deepen or plug b Use "APPLICATION FOR PERMIT—" for purposals	ON WELLS	NM 033775 6 IF INDIAN, ALLOTTEE OR TRIBE NAME
OIL XX WELL OTHER 1. OIL XX WELL OTHER 2. NAME OF OPERATOR			7. UNIT AGREEMENT NAME
GREENHILL PETROLEUM CORPORATION			8. FARM OR LEASE NAME North Benson Queen Unit
3. ADDRESS OF OPERATOR 11490 Westheimer, Suite 200, Houston, Texas 77077 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface			9. WHILE NO. 24 10. FIELD AND POOL OR WILDCAT North Benson Queen Grayburg
Unit Letter 0, 330 FSL & 1491 FEL			SURVEY OR AREA
14. PERMIT NO.			Sec. 28, T18S-R30E
16.	3501 DF	1. /N. D. C	! Eddy NM
Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data Notice of Intention to: Subsequent before of:			
FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other) 17. DESCRIBE PROPOSED proposed work, nent to this work,	MULTIPLE COMPLETE ABANDON* CHANGE PLANS OR COMPLETED OPERATIONS (Clearly state all pertinent of the state all pertinent) of the state all pertinents will be subsurface located the state of the state all pertinents of the st	(NOTE: Report results Completion or Recomp	ALTERING WELL ALTERING CASING ABANDONMENT* Nal pay & Stimulate XX of multiple completion on Well letton Report and Log form.) Including estimated date of starting any all depths for all markers and zones perti-
	Perforated the following in	ntervals with 2 JSPF	•
2827'-2837', 3033'-3055', 3353'-3357', 3360'-3364', 3371'-3379',			
3390'-3405'. Stimulated the well with 31,000 gallons 80 quality			
	foamed HCL acid.		
18. I hereby certify the	hat the foregoing is true and correct	d Manager-Permian Bas	in 11-7-91 DATE
APPROVED BY _	deral or State office use) TITLE APPROVAL, IF ANY:		DATE

*See Instructions on Reverse Side

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