Submit 3 Copies to Appropriate District Office

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-103
Revised 1-1-89

WELL API NO. 30-025-03752

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No. B-1527

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

7. Lease Name or Unit Agreement Name: Lovington Paddock Unit

1. Type of Well: OIL WELL [ ] GAS WELL [ ] OTHER Injection

2. Name of Operator: GREENHILL PETROLEUM CORPORATION

8. Well No. 2

3. Address of Operator: 11490 WESTHEIMER, SUITE 300/HOUSTON, TEXAS 77077-6841

9. Pool name or Wildcat: Lovington Paddock

4. Well Location
Unit Letter I : 1650 Feet From The South Line and 330 Feet From The East Line

Section 25 Township 16S Range 36E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK [ ]	PLUG AND ABANDON [ ]	REMEDIAL WORK [ ]	ALTERING CASING [ ]
TEMPORARILY ABANDON [ ]	CHANGE PLANS [ ]	COMMENCE DRILLING OPNS. [ ]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [ ]		CASING TEST AND CEMENT JOB [ ]	
OTHER: [ ]		OTHER: Repair tubing/packer leak [X]	

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

11/13/95 - 11/14/95:

1. Release AD-1 pkr. and POOH w/192 jts. 2 3/8" IPC tbg. and 5 1/2", 17# AD-1 pkr. Found hole in top of sub. of pkr.
2. Redressed AD-1 pkr. and TIH on 192 jts. of 2 3/8" IPC tbg. to 6053'. Set pkr. @6053'. Pressure csg. to 570# for 30". Ending pressure @580#.
3. Return well to injection.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Lori G. Hodge TITLE Landman DATE 11-28-95

TYPE OR PRINT NAME Lori A. Hodge TELEPHONE NO. (713) 589-8484

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE DEC 04 1995

CONDITIONS OF APPROVAL, IF ANY: