Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

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

WELL API NO.

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

6. State Oil & Gas Lease No.
B 7845

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 San Andres Unit

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

2. Name of Operator
GREENHILL PETROLEUM CORPORATION

8. Well No.
24

3. Address of Operator
11490 Westheimer, Suite 200, Houston, Tx. 77077

9. Pool name or Wildcat
Lovington Grayburg San Andres

4. Well Location
Unit Letter __P__ : __660__ Feet From The __East__ Line and __660__ Feet From The __South__ Line

Section 36   Township 16 South   Range 36 East   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:

PERFORM REMEDIAL WORK [ ]   PLUG AND ABANDON [ ]

TEMPORARILY ABANDON [ ]   CHANGE PLANS [ ]

PULL OR ALTER CASING [ ]

OTHER: Convert to injection. [XX]

SUBSEQUENT REPORT OF:

REMEDIAL WORK [ ]   ALTERING CASING [ ]

COMMENCE DRILLING OPNS. [ ]   PLUG AND ABANDONMENT [ ]

CASING TEST AND CEMENT JOB [ ]

OTHER:_____ [ ]

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.

Set packer at ± 4480 on a string of 2 3/8" tubing. Test casing annulus for

5 minutes.

Pump 20 tons CO2 and 3,000 gallons 20% NEFE acid.

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

SIGNATURE _____   TITLE Land Manager-Permian Basin   DATE 9-27-91

TYPE OR PRINT NAME   Michael J. Newport

TELEPHONE NO. 713 589-8484

(This space for State Use)

APPROVED BY _____   TITLE _____   DATE _____

CONDITIONS OF APPROVAL, IF ANY: *Subject to approval of injection order*