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.

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

6. State Oil & Gas Lease No.
B 7766

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 [X] GAS WELL [ ] OTHER

8. Well No.
3

2. Name of Operator
Greenhill Petroleum Corporation

9. Pool name or Wildcat
Lovington (Grayburg-San Andres)

3. Address of Operator
16010 Barker's Point Lane, Ste 325, Houston, Texas 77079

4. Well Location
Unit Letter C : 660 Feet From The North Line and 1980 Feet From The ~~East~~ West Line

Section 36 Township 16 South Range 36 East NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3853 DF

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: Deepen well [X]		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.

Greenhill Petroleum Corporation hereby proposes to deepen the well from 4625' to 5090'.

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

SIGNATURE Michael J. Newport TITLE Landman DATE 9/14/90

TYPE OR PRINT NAME Michael J. Newport TELEPHONE NO.

(This space for State Use) ORIGINAL SIGNED BY JERRY SEXTON

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: