

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
Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION

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

WELL API NO.

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
B2894

7. Lease Name or Unit Agreement Name

Lovington Paddock Unit

8. Well No.

21

9. Pool name or Wildcat

Lovington Paddock

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.)

1. Type of Well:

OIL
WELL ☒

GAS
WELL ☐

OTHER

Injection

2. Name of Operator

Greenhill Petroleum Corporation

3. Address of Operator

16010 Barkers Point, STe., 325, Houston, TX 77079

4. Well Location

Unit Letter G : 2190 Feet From The North Line and 1980 Feet From The East Line

Section 36

Township 16 S

Range 36 E

NMPM Lea

County

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

3846 DF

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: Cleanout, Stimulate, return to
injection

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.

- 1) Scrape casing from 6000' to 6100' and cleanout to TD 6271'
- 2) Selectively acidize perms w/20 gal. 20% HCL
- 3) Set pkr. at 6043'
- 4) Install injection wellhead and pressure test annulus to meet state requirements
- 5) Stimulate hole w/15 tons CO and 3000 gal. 20% HCL acid

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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

2-27-91

TYPE OR PRINT NAME

Michael J. Newport

TELEPHONE NO. 955-1146

(This space for State Use)

APPROVED BY

[Signature]

TITLE

DISTRICT 1 SUPERVISOR

DATE

JUN 18 1991

CONDITIONS OF APPROVAL, IF ANY: