

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

OIL CONSERVATION DIVISION

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

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

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

WELL API NO. 30-025-09874
5. Indicate Type of Lease STATE ☒ FEE ☐
6. State Oil & Gas Lease No. B-7896
7. Lease Name or Unit Agreement Name Lovington Paddock Unit
8. Well No. 36
9. Pool name or Wildcat Lovington Paddock
10. Elevation (Show whether DF, RKB, RT, GR, etc.)

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO KEEPEN 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 11490 Westheimer, Suite 300, Houston, TX 77077-6841	
4. Well Location Unit Letter <u>O</u> : <u>660</u> Feet From The <u>South</u> Line and <u>2160</u> Feet From The <u>East</u> Line Section <u>31</u> Township <u>16S</u> Range <u>37E</u> NMPH <u>Lea</u> 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: <u>Repair tbg leak</u> ☒

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.

6/2/97

1. MIRU pulling unit. Bled off well. Found small hole in top jt. of 2 3/8" IPC tbg just above wellhead flange.
2. PU 2 3/8" spear & ran in top jt. below wellhead.
3. Released AD-1 pkr & pulled top jt out & laid down.
4. Set AD-1 pkr @ 5947'.
5. Flange up wellhead & pressure up on csg to 540 psi. Ran 30 min. chart. Held OK.
6. Return to injection.

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

SIGNATURE Lori A. Hodge TITLE Landman DATE Jun 10, 1997
TYPE OR PRINT NAME Lori A. Hodge TELEPHONE NO. (281) 589-8484

(This space for State Use)

ORIGINAL SIGNED BY CHRIS WILLIAMS
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL IF ANY:

