

# Memo

4-17-90  
From  
EVELYN DOWNS  
Oil Conservation Staff  
Specialist

We still have not received  
the corrected C-103 on  
the cementing of Csg. in your  
West Lorington Unit #66  
which was requested in our  
letter dated 1-29-90.

Please file this report ~~per~~  
promptly.

Thanks,

Evelyn



STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT  
OIL CONSERVATION DIVISION  
HOBBS DISTRICT OFFICE

GARREY CARRUTHERS  
GOVERNOR

January 29, 1990

POST OFFICE BOX 1980  
HOBBS, NEW MEXICO 88241-1980  
(505) 393-6161

Geenhill Petroleum Corporation  
16010 Barker's Point Lane, Suite 325  
Houston, TX 77079

Attn: Gene Linton

Re: West Lovington Unit #65-K 4-17-36  
West Lovington Unit #66-P 5-17-36

Gentlemen:

We are returning Form C-103 submitted on the above-referenced wells and request that you supply additional information. Please indicate your WOC time in hours if you are cementing under Option I. If you are cementing under Option II you will need to give additional data.

Rule 107 requires that all casing strings be tested to at least 600 pounds for 30 and so stated on C-103.

Please resubmit these reports giving this information.

Very truly yours,

OIL CONSERVATION DIVISION

Jerry Sexton  
Supervisor, District I

ed

P.S. You did not indicate if the cement circulated on #66.

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. 30-025-30698
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B-3009
7. Lease Name or Unit Agreement Name West Lovington Unit
8. Well No. 66
9. Pool name or Wildcat Lovington San Andres West
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3891.5' GL

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	2. Name of Operator Greenhill Petroleum Corporation
3. Address of Operator 16010 Barker's Point Lane, Suite 325, Houston, TX 77079	4. Well Location Unit Letter P : 1300 Feet From The East Line and 135 Feet From The South Line Section 5 Township 17S Range 36E NMPM Lea County

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input checked="" type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>
	OTHER: <input type="checkbox"/>

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.

Spud well 1:00 a.m. 12/16/89.

12/17/89 - Ran 13-3/8" H-40 48# STC csg & set @ 388', cmtd w/450 sx "H" + 2% CaCl-POB at 3:30 p.m. WOC. Cut off 13-3/8" csg, weld on Larkin 13-3/8" x 13-5/8" Fig. 92 2M csg head, NU 11" 3M BOP.

12/21/89 - Ran 8-5/8" 24# J-55 csg & set @ 1961', cmtd w/380 sx Lead, 150 sxs tail. ND BOP's. NU wellhead.

12/22/89 - NU 11" 3M BOP, test BOP & equipment.

1/7/90 - Ran 5-1/2" K-55 15.5# LTC csg & set @ 5220'. C & C cmt w/1275 sx "C" Lite + GEL and 150 sx "C" + 2% CaCl - Circ out 149 sxs. ND BOP. Set 5-1/2" csg slips w/full string wt. NU Larkin Fig 612 3M tbg head. Release rig @ 9:00 p.m. Waiting on completion.

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

SIGNATURE Gene Linton TITLE Production Coordinator DATE 1/24/90

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

JAN 26 1990

OCD  
HOBBS OFFICE