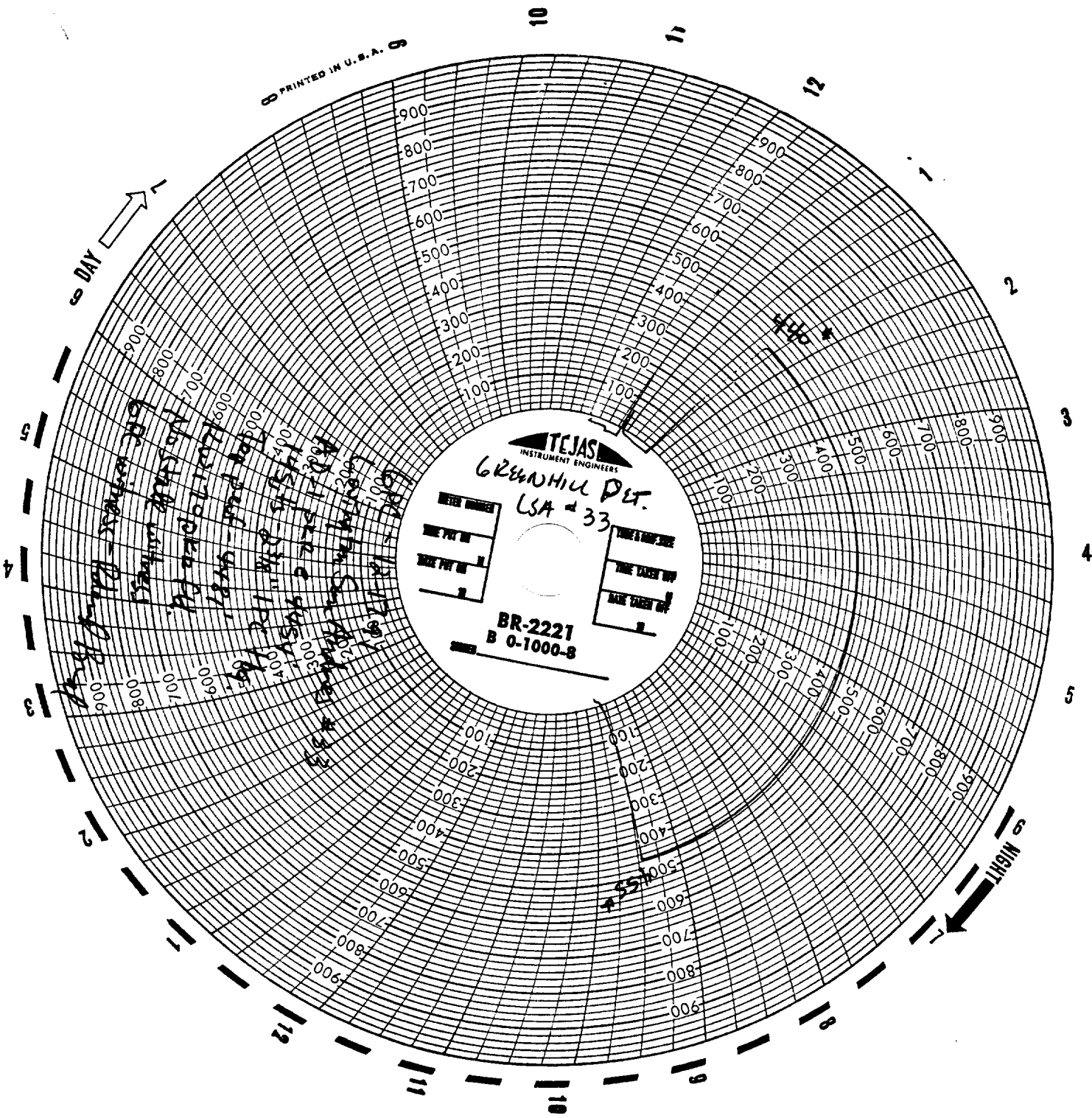


PRINTED IN U.S.A. 8





LTR



Job separation sheet

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

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.)		WELL API NO.
1. Type of Well: OIL WELL ☐ GAS WELL ☐ OTHER Injection		5. Indicate Type of Lease STATE ☒ FEE ☐
2. Name of Operator GREENHILL PETROLEUM CORPORATION		6. State Oil & Gas Lease No. B 2359
3. Address of Operator 11490 Westheimer, Suite 200, Houston, Texas 77077		7. Lease Name or Unit Agreement Name Lovington San Andres Unit
4. Well Location Unit Letter <u>A</u> : <u>660</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u> Line Section <u>1</u> Township <u>17 South</u> Range <u>36 East</u> NMPM <u>Lea</u> County		8. Well No. 33
10. Elevation (Show whether DF, RKB, RT, GR, etc.)		9. Pool name or Wildcat Lovington Grayburg San Andres

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. ☒

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 $\pm$ 4520 on a string 2 3/8' tubing. Test casing annulus for 5 minutes.

Pump 20 tons CO2 and 3000 gallons 20% NEFE acid.

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

SIGNATURE Michael J. Newport TITLE Land Manager-Permian Basin DATE September 27, 19
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