Submit 3 Copies

CONDITIONS OF AITROVAL, IF ANY:

State of New M vico

Form C-103

to Appropriate District Office	Energy, Minerals and Natural Re	Energy, Minerals and Natural Resources Department		Revised 1-1-89
DISTRICT I P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION DIVISION P.O. Box 2088			WELL API NO. 30-025-03852	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico 87504-2088		5. Indicate Type of	Lease VVI
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410			6. State Oil & Gas B 1553	STATE & FEE L
(DO NOT USE THIS FORM FOR PE DIFFERENT RESE	TICES AND REPORTS ON WEL ROPOSALS TO DRILL OR TO DEEPEN ROVOR. USE "APPLICATION FOR PER C-101) FOR SUCH PROPOSALS.)	OR PLUG BACK TO A		Unit Agreement Name
I. Type of Well: OIL GAS WPLL GAS WPLL WELL	onex Inje	ction	Lovington	San Andres
2. Name of Operator GREENHILL PETROLEUM		CCTOIL	8. Well No. 29	
3. Address of Operator 11490 Westheimer, Su 4. Well Location	ite 200, Houston, Texas	77077	9. Pool name or W Lovington	fildcat Grayburg San Andres
	60 Feet From The North	Line and <u>660</u>	Feet From	The <u>East</u> Line
Section 2	Township 17S Ra 10. Elevation (Show whether to		NMPM	Lea County
11. Check	Appropriate Box to Indicate 1 TENTION TO:		eport, or Other	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK		ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	G OPNS.	PLUG AND ABANDONMENT
ULL OR ALTER CASING CASING TEST AND C			EMENT JOB	
OTHER:		OTHER: Deepen & convert to injection WFX-615 X		
12. Describe Proposed or Completed Operwork) SEE RULE 1103.	rations (Clearly state all pertinent details, an	d give pertinent dates, inclu	iding estimated date of	starting any proposed
Deepened well to 5088.	Set AD-1 packer at 450	07' on string o	f 2 3/8" IPC	tubing. Pressure
	Ran chart for 30 minutes			
due to thermal expansion	on.			
Treat with 3000 gallons	of 20% NEFE HCL acid ar	nd 20 tons CO2.		
I hereby certify that the information above is to	ue and complete to the best of my knowledge and	belia.		
SIONATURE Gichael Men	TIN	Land MgrPer	mian Basin	
TYTE OR PRINT NAME Michael J.	Newport			те ле номе но.713 589-84
(This space for State Use)	-			
A DISTRICTURE D. V.		D		DATE

