

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.

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.
B 1553

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.)

7. Lease Name or Unit Agreement Name

West Lovington Unit

1. Type of Well:
OIL WELL ☐

GAS WELL ☐

OTHER Injection

2. Name of Operator

Greenhill Petroleum Corporation

8. Well No.

24

3. Address of Operator

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

9. Pool name or Wildcat

Lovington San Andres West

4. Well Location

Unit Letter J : 1980 Feet From The South Line and 1980 Feet From The East Line

Section 4

Township 17S

Range 36E

NMPM

Lea

County

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

3902 KB

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: Return well to active 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.

The subject well is an injection well which has been shut in. Greenhill proposes to perform a clean out and stimulation treatment and return the well to active injection.

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 10-19-90

TYPE OR PRINT NAME Michael J. Newport

TELEPHONE NO. 955-1146

(This space for State Use)

ORIGINAL FILED BY JERRY SEXTON
DISTRICT SUPERVISOR

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

OCT 30 1990

OCD
HOBBS OFFICE