

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

OIL CONSERVATION DIVISION

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

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

DISTRICT III
1000 Rio Grande Rd., Altec, NM 87410

WELL API NO. <u>30-005-05305</u>	
5. Indicate Type of Lease STATE ☒ FEE ☐	
6. State Oil & Gas Lease No. <u>E-4120</u>	
7. Lease Name or Unit Agreement Name <u>West Lovington Unit</u>	
8. Well No. <u>53</u>	
9. Pool name or Wildcat <u>West Lovington</u>	

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 ☐ GAS WELL ☐ OTHER ☒ <u>Injection</u>	
2. Name of Operator <u>GREENHILL PETROLEUM CORPORATION</u>	
3. Address of Operator <u>11490 WESTHEIMER, SUITE 200/HOUSTON, TEXAS 77077-6841</u>	
4. Well Location Unit Letter <u>H</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u> Line Section <u>7</u> Township <u>17S</u> Range <u>36E</u> NMPM Lea County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) <u>3905' (D.F.)</u>	

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: ☐

SUBSEQUENT REPORT OF:

- REMEDIAL WORK ☐ ALTERING CASING ☐
 COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
 CASING TEST AND CEMENT JOB ☐
 OTHER: Repair Casing Leak ☒

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.

09-20-94

1. RIH w/Baker AD-1 pkr. on 144 jts. 2 3/8" IPC tbg.
2. Bottom Pkr @4525'. Cir. pkr. fluid. Set pkr.
3. Pressure test csg. @340#. Held ok.
4. Put well to injection.
 5 1/2" csg set @4717'.
 8 5/8" csg set @1936'.
 13 3/8" csg set @223.

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 10-03-94
 TYPE OR PRINT NAME Lori A. Hodge TELEPHONE NO. (713) 589-848

(This space for State Use)

OCT 11 1994

APPROVED BY _____ TITLE _____ DATE _____
 CONDITIONS OF APPROVAL, IF ANY:

OK

