

OIL CONSERVATION DIVISION

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

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

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

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name <i>West Lovington</i>
8. Well No. <i>59</i>
9. Pool name or Wildcat <i>Lovington Upper San Andres West</i>
10. Elevation (Show whether DF, RKB, RT, GR, etc.)

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <i>FNJ.</i>
2. Name of Operator <i>Greenhill Pet. Corp.</i>
3. Address of Operator <i>P.O. Box 1949</i>
4. Well Location Unit Letter <i>I</i> : <i>1980</i> Feet From The <i>S</i> Line and <i>660</i> Feet From The <i>E</i> Line Section <i>7</i> Township <i>17S</i> Range <i>36E</i> NMPM <i>Lea</i> 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 type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <input checked="" 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.

*Dug out cellar, piped CSG valves to surface
f/Inspection, After Inspection, will fill cellar w/sand.*

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

SIGNATURE *Mark Hulce* TITLE *Asst. Engineer* DATE _____
TYPE OR PRINT NAME *Mark Hulce* TELEPHONE NO. *396-7503*

(This space for State Use)

APPROVED BY *Cam M. Hill* TITLE **OIL & GAS INSPECTOR** DATE **APR 24 '92**

CONDITIONS OF APPROVAL IF ANY:

RECEIVED

APR 21 1992

OCD HOBBS OFFICE