

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 <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B1287
7. Lease Name or Unit Agreement Name West Lovington Unit
8. Well No. 40
9. Pool name or Wildcat Lovington San Andres West
10. Elevation (Show whether DP, 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 ☐ GAS WELL ☐ OTHER ☒ Injection

2. Name of Operator
Greenhill Petroleum Corporation

3. Address of Operator
16010 Barkers Point, Ste., 325, Houston, TX 77079

4. Well Location
Unit Letter C : 1980 Feet From The West Line and 660 Feet From The North Line

Section 7

Township 17 South Range 36 East NMPM Lea County

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

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: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☒ Set packer and pressure tested

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.

Circulated pkr. fld. Set pke & pressure tested to 400#. Held OK. RDMO

OH from 4712'-5146' PBTD
Surface csg. 13 3/8" set @ 221'
Intermediate Csg. 8 5/8" set @ 2020
Baker AD-1 pkr set @ 4626' w/18 pts pulled into it.

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

12-4-90

TYPE OR PRINT NAME

Michael J. Newport

TELEPHONE NO. 955-1146

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

E