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 P.O. Box 1980, Hobbs, NM 88240

DISTRICTI 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 |  |  |
|-----------|------------|------------|--|--|

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.)

Set AD-1 Packer at 6045' on string of 2 3/8" IPC tubing .

Treated with 8000 gallons of 20% NEFE HCL Acid and 15 tons of CO2.

to 500 psi for 30 minutes. Tested OK.

| ĺ | WELL API NO.    |         |          |        |
|---|-----------------|---------|----------|--------|
|   |                 | 30      | <u> </u> | 51.7   |
|   | 5. Indicate Typ | e of Le | STATE    | FEE XX |

7. Lease Name or Unit Agreement Name

Lovington Paddock Unit

Pressure up on casing

6. State Oil & Gas Lease No.

| -  | Type of Well:                 |   |                     |            |                                  | }             | 3                    |                  | 1         |
|----|-------------------------------|---|---------------------|------------|----------------------------------|---------------|----------------------|------------------|-----------|
|    | OIL OA                        | ਬਾ                                      | OTHER               | Inje       | ction                            |               |                      | <del> </del>     |           |
|    | Name of Operator              |   |                     |            |                                  | 8. Well       | l Na                 |                  | ļ         |
| 4  | GREENHILL PETROL              | FUM CORPORATI                           | ON                  |            |                                  | 69            |                      |                  |           |
|    |                               | LUM COM OMATA                           | .011                |            |                                  | 9. Pool       | name or Wildcat      |                  | 1         |
| 3. | Address of Operator           |   |                     |            | 77077                            | 1 04          | ington Pad           | ldock            | -         |
|    | 11490 Westheimer              | r, Suite 200,                           | Houston,            | exas       | //0//                            | LUV           | Thig con Tag         | LUVUN            |           |
| 4, | Well Location Unit LetterJ    |   |                     |            |                                  | 173           | Feet From The        | East             | Line      |
|    | Unit Letter                   | : Feet From                             | n lne               |            |                                  |               |                      |                  |           |
|    | _                             |   | 170                 |            | 37F                              | NMPM          |                      | Lea              | County    |
|    | Section 6                     | Townshi                                 | p 1/3               | Ran        | ge 37E<br>DF, RKB, RT, GR, etc.) | MATH          | 7///                 |                  | 7777777   |
|    |                               | /////////////////////////////////////// |                     |            |                                  |               |                      |                  |           |
|    |                               | Check Appropria                         | to Day to Inc       | licate N   | Jature of Notice.                | Report        | or Other Dat         | a                |           |
| 11 |                               |   |                     | meant I    |                                  | IDCEOL        | JENT REPO            | DET OF:          |           |
|    | NOTICE (                      | OF INTENTION                            | ITO:                | 1          | 51                               | IRZEGI        | JEM I LIFT           | 5111 01.         |           |
|    |                               |   | AND ABANDON         |            | REMEDIAL WORK                    |               | ALTE                 | RING CASING      |           |
| PΕ | RFORM REMEDIAL WORK           | L PLUG                                  | AND ADAMOON         |            |                                  |               |                      |                  | ONLIENT [ |
|    | MOODARII VARANDON             | CHAN                                    | GE PLANS            |            | COMMENCE DRILL                   | ING OPNS.     |                      | G AND ABANDO     | JUMENI [  |
| TE | MPORARILY ABANDON             |   |                     | <u>ــا</u> |                                  |               | [                    |                  |           |
| Б  | ILL OR ALTER CASING           |   |                     |            | CASING TEST AND                  | CEMENT        | OB []                |                  |           |
| PU | DEL ON ALTEN CASING           |   |                     |            | OTHER: Conve                     | et to i       | niection             |                  | xxx       |
| ОТ | THER:                         |   |                     | _ [_]      |                                  |               |                      |                  |           |
|    | 2. Describe Proposed or Compl |   |                     |            | d aire partinent dates in        | ncludine esti | mased date of starts | ing any proposed | 1         |
| 1  | 2. Describe Proposed or Compl | eted Operations (Clearly                | state all pertinent | aeiaus, an | KI BIVE PETITIEN MILES, D        |               | . *                  |                  |           |
| •  |                               |   |                     |            |                                  |               |                      |                  |           |

| I hereby certify that the information above is true and complete to the best of my knowledge and b | Land Manager-Permian Basin 8-27-92 |
|--|------------------------------------|
| SIGNATURE  | (713) 589-8484                     |
| TYPEORPROTINAME Michael J. Newport   |                                    |
| Orig. Signed by  (This space for State Use)  Paul Kautz  Geologist                                 | SEP ( -                            |
| Free Control Control   | DATE                               |

- TITLE -

APPROVED BY -

work) SEE RULE 1103.

CONDITIONS OF APPROVAL, IF ANY:

