Submit 3 Copies to Appropriate

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

CONDITIONS OF APPROVAL, IF ANY:

Revised 1-1-89

District Office	•		
DISTRICT I P.O. Box 1980, Hobbs, NM 83240	OIL CONSERVATION DIVISION P.O. Box 2088		WELL API NO. 30-025-31456
Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210			5. Indicate Type of Lease STATEXX FEE
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	:		6. State Oil & Gas Lease No. B-4120
(DO NOT USE THIS FORM FOR PRODIFFERENT RESE	ICES AND REPORTS ON OPOSALS TO DRILL OR TO DEI RVOIR. USE "APPLICATION FO :-101) FOR SUCH PROPOSALS.	EPEN OR PLUG BACK TO A R PERMIT	7. Lease Name or Unit Agreement Name
I. Type of Well: Oil. GAS WELL XX WELL			West Lovington Unit
2. Name of Operator GREENHILL PETROLEUM (8. Well No. 91
3. Address of Operator 11490 Westheimer, Suite 200, Houston, Texas 77077			9. Pool name or Wildcat West Lovington Upper San Andres
4. Well Location Unit Letter D : 1	5 Feet From The West	Line and 1,3	05 Feet From The North Line
Section 8	Township 17 South	Range 36 East	NMPM Lea County
32.40m	10. Elevation (Show w	heiher DF, RKB, RT, GR, etc.)	
11. Check NOTICE OF IN	Appropriate Box to India	cate Nature of Notice, F	Report, or Other Data BSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLIN	NG OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND C	DEMENT JOE XX
OTHER:		OTHER:	
12 Describe Proposed or Completed Ope work) SEE RULE 1103.	rations (Clearly state all pertinent de	tails, and give pertinent dates, incl	luding estimated date of starting any proposed
700 sacks of Class "C" casing to 800 pis. He	cement. Circulate	to surface. wares	and set at 1,830 feet with d on cement 13 hours. Tested
Ran 118 joints of Class "C" cement. Cir Tested casing to 2,000	aulated cement to SU	rrace. Warted on o	feet with 1,150 sacks of cement greater than 24 hours.
I hereby certify that the information above is	true and complete to the best of my knowle	odge and belief. Land MgrPe	ormian Rasin
SIGNATURE Chichael flu		mue	
TYPEOR PRINT NAME Michael J	. Newport		тецерноме NO.713 589-848
(This space for State Use) (Significant Significant Si	MED BY JERKY (49 118)		MAR 31
APTROVED BY		mle	DATE