

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. 30-025-31521
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 West Lovington
8. Well No. 99
9. Pool name or Wildcat Lovington upper San Andres, west
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 INTJ.	2. Name of Operator Green Hill Pet. Corp.
3. Address of Operator P.O. Box 1949, Lovington, NM	4. Well Location Unit Letter D : 675 Feet From The N Line and 595 Feet From The W Line Section 8 Township 17S Range 36E NMPM Lea County
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	

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 csq 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 Hulse** TITLE **Print. Examiner** DATE _____
TYPE OR PRINT NAME **Mark Hulse** TELEPHONE NO. **396-7503**

(This space for State Use)

APPROVED BY **Lang W. Hill** TITLE **OIL & GAS INSPECTOR** DATE **APR 1 1992**
CONDITIONS OF APPROVAL, IF ANY: