

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

OIL CONSERVATION DIVISION

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

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

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

WELL API NO.
30 025 31553

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
B 1553

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.)

7. Lease Name or Unit Agreement Name

Lovington San Andres Unit

1. Type of Well:
OIL WELL ☒ GAS WELL ☐ OTHER ☐

8. Well No.
87

2. Name of Operator
GREENHILL PETROLEUM CORPORATION

3. Address of Operator
11490 WESTHEIMER, SUITE 200/HOUSTON, TEXAS 77077-6841

9. Pool name or Wildcat
Lovington Grayburg San Andres

4. Well Location
Unit Letter F : 2515 Feet From The North Line and 1462 Feet From The West Line
Section 1 Township 17S Range 36E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3846' KB

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: Isolating zones ☒

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.

2-11-93 Perforations within gross interval 4638'-5072', set CIBP @ 4730'.

2-12-93 Returned to production

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

SIGNATURE Michael J. Newport TITLE Land Manager/Permian Basin DATE 2-23-93

TYPE OR PRINT NAME Michael J. Newport TELEPHONE NO. 713/589-8484

(This space for State Use)

Date Signed by
Michael J. Newport

APPROVED BY _____ TITLE _____ DATE MAR 2 1993

CONDITIONS OF APPROVAL, IF ANY: