Submit		
to Appr	o	prisie
District	C	ffice

Type of Well: WELL KX

2. Name of Operator

Well Location

Address of Operator

Unit Letter

PERFORM REMEDIAL WORK

TEMPORARILY ABANDON

PULL OR ALTER CASING

work) SEE RULE 1103.

OTHER:

Section

330

21

State of New Mexico

Form	C	-1	O.	
Revis	ed	1.	1-	8

DISTRIC	Ľ		
PO Box	1980. Hot	DE NM	88240

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

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

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Minerals and Natural Resources Department OIL CONSERVATION DIVISION WELL API NO. P.O. Box 2088 Santa Fe. New Mexico 87504-2088 5. Indicate Type of Lease FEE XXX STATEL 6. State Oil & Gas Lease No. 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.) Eunice Monument Unit 8. Well No. GREENHILL PETROLEUM CORPORATION 9. Pool name or Wildcat Eunice Monument Grayburg San Andres 11490 WESTHEIMER, SUITE 200/HOUSTON, TEXAS 77077-6841 330 West North Line Feet From The Feet From The Lea 20South **NMPM** County Range Township 10. Elevation (Show whether DF, RKB, RT, GR, etc.) Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: **ALTERING CASING** REMEDIAL WORK PLUG AND ABANDON PLUG AND ABANDONMENT COMMENCE DRILLING OPNS. **CHANGE PLANS** CASING TEST AND CEMENT JOB OTHER: Repair csg. leak & temporarily abandon xxkx 12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed

Set retainer 3283'. Pump 100 sacks (50 sacks Halad-9 followed by 50 sacks of Class "C".) Mixed 100 sacks and pump to clear surface equipment. RIH with OE tubing to 3250'. Pressured up 500# and test OK.

I hereby certify that the difformation above is true and complete to the best of my knowled SIGNATURE Michael J. hugust	ge and belief
TYPEOR PRINT NAME Michael J. Newport	TELEPHONE NO.713/589-8484

(This space for State Use)

AITROVED BY

CONDITIONS OF AFTROVAL, IF ANY: