

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. OIL CONS. COMMISSION
P.O. BOX 1980
HOBBS, NEW MEXICO 88240

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

5. Lease Designation and Serial No.

NM/C0557257

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

14080013840

8. Well Name and No.

Elliott B-15 No. 4

9. API Well No.

300251030200D2

10. Field and Pool, or Exploratory Area

Blinebry Gas

11. County or Parish, State

Lea County, NM

SUBMIT IN TRIPLICATE

1. Type of Well

☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator

John H. Hendrix Corporation

3. Address and Telephone No.

223 W. Wall, Suite 525, Midland, TX 79701 (915) 684-6631

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

510' FNL & 660' FEL Sec. 15, T22S - R37E

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

☒ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other Status

☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

In response to your letter of February 1, 1994, please be advised that the well is TA in the Drinkard (D2) Zone, but it is producing in the Blinebry or (D1) Zone. Since it is an active producing well, no test should be required.

14. I hereby certify that the foregoing is true and correct

Signed

Title

Vice-President

Date

3/23/94

(This space for Federal or State Office use)

Approved by

Title

Date

Conditions of approval, if any: