

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87401
District IV
1220 S. St. Francis Dr., Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
June 19, 2008

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

HOBBS OCD

NOV 13 2013

RECEIVED

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.)		WELL API NO. 30-025-12191
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator John H. Hendrix Corporation		6. State Oil & Gas Lease No.
3. Address of Operator P. O. Box 3040, Midland, TX 79702-3040		7. Lease Name or Unit Agreement Name Amoco State S
4. Well Location Unit Letter E : 1980 feet from the North line and 660 feet from the West line Section 32 Township 22S Range 38E NMPM Lea County		8. Well Number 3
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3373' DF		9. OGRID Number 012024
		10. Pool name or Wildcat DHC - HOB - 0475 BDAS, Blinebry, Tubb

12. 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 ☐ MULTIPLE COMPL ☐
DOWNHOLE COMMINGLE ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

OTHER: ☐

OTHER: ☐

13. 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Oct 4-10 MIRU. POOH. GIH w/ RBP and pkr. Set RBP @ 6300' and pkr @ 5913'

Oct 11-15 Acidize Tubb w/3000 gal 15% HCl; AIR 6bpm, PAVg 130#. Swab back spent acid. Prep to frac

Oct 15-16 RU frac pkr and frac equipment on WHE. GIH w/Workstring and frac pkr. Set pkr @ 5915'. CO2 Frac Tubb perfs 6102-6230' w/60238# Ottawa 20/40 sand in 65 quality foam; 176.5 tons CO2. AIR 17.6; PMax 4139# PAVg 3052#.

Oct 17-21 Flow back fluid and CO2. Swab fluid until clean. POOH w/pkr.

Oct 22-24 Bail out sand; GIH retrieve RBP and POOH

Oct 25-28 GIH w/ prod tbg. Swab until fluids are clean. GIH w/ pump and rods. Return to production. Test well.

Nov 7 11 oil, 0 water, 79mcf..

All workover fluids were contained in Vacuum truck and steel tank until hauled to Sundance Services NM 01-0003.

This well is DHC - HOB - 0475: Blinebry Oil & Gas, Tubb Oil & Gas, Brunson Drinkard Abo South.

Spud Date:

Rig Release Date:

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

SIGNATURE Carolyn Doran Haynes TITLE Engineer DATE 11/11/13

Type or print name Carolyn Doran Haynes E-mail address: cdoranhaynes@jhhc.org PHONE: 432-684-6631

For State Use Only

APPROVED BY: Mary Brown TITLE Compliance Officer DATE 11/13/2013

Conditions of Approval (if any)

NOV 14 2013

Submit within 45 days of well completion	State of New Mexico Energy, Minerals and Natural Resources Oil Conservation Division 1220 S. St Francis Dr. Santa Fe, NM 87505	Revised February 15, 2012				
HYDRAULIC FRACTURING FLUID DISCLOSURE <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment		1. WELL AFI NO: 30-025-12191				
		2. Well Name: AMOCO STATE S #003				
		3. Well Number: 003				
		4. Surface Hole Location: Unit:E Lot:E Section:32 Township:22S Range:38E Feet from:1980 N/S Line:N Feet from:660 E/W Line:W				
		5. Bottom Hole Location: Unit:E Lot:E Section:32 Township:22S Range:38E Feet from:1980 N/S Line:N Feet from:660 E/W Line:W				
		6. Latitude: 32.3501624296026 Longitude: -103.08886414824				
		7. County: Lea				
8. Operator Name and Address: JOHN H HENDRIX CORP PO BOX 3040 MIDLAND 797023040		9. OGRID: 12024				
11. Last Fracture Date: 10/16/2013 Frac Performed by: Frac Specialists, LLC		10. Phone Number:				
12. Production Type: O						
13. Pool Code(s): 60240		14. Gross Fractured Interval: 6,102 ft to 6,230 ft				
15. True Vertical Depth (TVD): 7,111 ft		16. Total Volume of Fluid Pumped: 30,042 gals				
17. Total Volume of Re-Use Water Pumped: 0 gals		18. Percent of Re-Use Water in Fluid Pumped: %				
19. HYDRAULIC FLUID COMPOSITION AND CONCENTRATION:						
Trade Name	Supplier	Purpose	Ingredients	(CAS #) Chemical Abstract Service #	Maximum Ingredient Concentration in Additive (% by mass)	Maximum Ingredient Concentration in HF Fluid (% by mass)
Water	Adventure	Water	Water	7232-18-5	100%	73.24602%
FBK-133	Frac Specialists, LLC	Oxidative Breaker	Ammonium Persulfate	7727-54-0	99%	0.02657%
FCLA-MX	Frac Specialists, LLC	Clay Control	Choline Chloride	67-48-1	62%	0.05271%
			Water	7732-18-5	38%	0.03231%
FBKA-412	Frac Specialists, LLC	Gel Breaker Aid	Triethanolamine	102-71-6	54%	0.04138%
			Methyl Alcohol	67-56-1	16%	0.01226%
			Water	7732-18-5	30%	0.02299%
FB7	Frac Specialists, LLC	Antimicrobial Solution	Sodium Chloride	7647-14-5	10%	0.00145%
			Sodium Hydroxide	1310-73-2	5%	0.00072%
			Sulfamic Acid/N-Bromo/Sodium Salt	1004542-84-0	25%	0.00362%
			Water	7732-18-5	70%	0.01015%
FFM-460LA	Frac Specialists, LLC	Water Foaming Agent	Ammonium Alcohol Ether Sulfate	68891-29-2	50%	0.17698%
			Ethyl Alcohol	64-17-5	20%	0.07079%
			Methyl Alcohol	67-56-1	10%	0.0354%
			Water	7732-18-5	45%	0.15928%
20/40 White	Frac Specialists, LLC	Proppant	SILICA/QUARTZ/SIO2	14808-60-7	100%	25.53229%
FGA-15L	Frac Specialists, LLC	Water Gelling Agent	White Mineral Oil	8042-47-5	40%	0.20104%
			Guar Powder	900-30-0	60%	0.30156%
FNE-334LN	Frac Specialists, LLC	Non emulsifier for acids	Cocamide	68603-42-9	7%	0.00507%
			Diethanolamine Salt			
			Diethanolamine	111-42-2	3%	0.00217%
			Ethylene Glycol	111-76-2	15%	0.01087%
			Monobutyl Ether			
			Methyl Alcohol	67-56-1	15%	0.01087%
			Water	7732-18-5	60%	0.04348%
20. I, as Operator, hereby certify that the information shown on this disclosure form is true and complete to the best of my knowledge and belief.						
Signature: Signed Electronically		Printed Name: Rhonda Hunter		Title: Manager		
Date: 11/7/2013						
E-mail Address: Rhonda@JHHC.org						

NMOCD does not require the reporting of information beyond MSDS data as described in 29 CFR 1910.1200. NMOCD does not require the reporting or disclosure of proprietary, trade secret or confidential business information.