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_ TRIBUTION		
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FILE		
U.S.G.S.		
LAND OFFICE		
OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease	
State ☐	Fee ☒
5. 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.)

7. Unit Agreement Name

1.
OIL WELL ☒   GAS WELL ☐   OTHER-

8. Farm or Lease Name

Cossatot B

2. Name of Operator

John H. Hendrix

9. Well No.

1

3. Address of Operator

403 Wall Towers West, Midland, Texas 79701

10. Field and Pool, or Wildcat

Drinkard

4. Location of Well

UNIT LETTER ___O___ , ___660___ FEET FROM THE ___South___ LINE AND ___2310___ FEET FROM

THE ___East___ LINE, SECTION ___12___ TOWNSHIP ___22-S___ RANGE ___37-E___ NMPM.

15. Elevation *(Show whether DF, RT, GR, etc.)*

3348' DF

12. County

Lea

16.
Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

OTHER _____ ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐
OTHER _____

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

☐

17. 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.

1. , Rigged up pulling unit.

2. Fraced down casing w/65,000# 20-40 mesh sand, 16,000# 10-20 mesh sand, using 20,000# gelled lease crude.

3. Flowed 24 BPM 3750# TP after dropping 3 RCNB, ISIP 2900#, 15 min. SIP 2650#, 1960 BLOTR.

4. Ran tubing, recovered all LO and returned well to producing status.

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

SIGNED _Marlene A Jones_   TITLE ___Production Clerk___   DATE ___10-8-74___

APPROVED BY _____   Orig. Signed by
Joe D. Brown
Thur. L. Supt.   TITLE _____   DATE _____

CONDITIONS OF APPROVAL, IF ANY: