

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

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

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

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

WELL API NO.

5. Indicate Type of Lease
STATE ☐ FEE ☒

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.)

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

2. Name of Operator
John H. Hendrix Corporation

3. Address of Operator
223 W. Wall, Suite 525, Midland, TX 79701

4. Well Location
Unit Letter I : 2310 Feet From The South Line and 990 Feet From The East Line

Section 30 Township 22S Range 38E NMPM Lea County

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

3368.9' GR

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: Perforate additional Brunson-
Drinkard Abo South ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

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.

1. POH w/ tbq.
2. Set RBP at 7150'.
3. Spot acid.
4. Perforate Abo fr. 6699' to 7093'.
5. Acidize perms. 6699 - 7093'.
6. Test.
7. Remove BOP.

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

SIGNATURE Ronnie H. Westbrook TITLE Vice-President DATE 4/24/89

TYPE OR PRINT NAME Ronnie H. Westbrook (915) TELEPHONE NO. 684-6631

(This space for State Use)
ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

APR 26 1989

APR 23 1988

RECEIVED
APR 25 1988
OCD
MC885 OFFICE