Submit 3 Copies To Appropriate District Office	State of New Mexico			Form C-103				
District I 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resou			Revised June 10, 2003 WELL API NO.				
District II	OIL CONSERVATION DIVISION			30-025-36640				
1301 W. Grand Ave., Artesia, NM 88210 District III	1220 South St. Francis Dr.			5. Indicate Type of Lease				
1000 Rio Brazos Rd., Aztec, NM 87410	io Brazos Rd., Aztec, NM 87410				STATE FEE A			
<u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM	Suma	0, 11111 0	7505	o. State O	n & Gas L	lease No.		
87505 SUNDRY NOTIC	CES AND REPORTS O	NWELLS	3	7 Lease N	Jame or II	nit Agreement N	Jame	
(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.)					Weatherly "21"			
1. Type of Well: Oil Well X Gas Well Other					8. Well Number 4			
2. Name of Operator  John H. Hendrix Corporation					9. OGRID Number 012024			
3. Address of Operator P. O. Box 3040 Midland, TX 79702-3040					10. Pool name or Wildcat Penrose Skelly Grayburg			
4. Well Location						- · <b>6</b>		
Unit Letter F : 2	2210 feet from the	North	line and	2080	feet from	the West	line	
Section 21	Township T2	21S R	tange R37E	NMPM	(	County Lea		
	11. Elevation (Show w 3459' GR	hether DI	R, RKB, RT, GR, et	tc.)				
12. Check A	ppropriate Box to In	ndicate N						
<u> </u>				BSEQUENT REPORT OF:				
PERFORM REMEDIAL WORK	PLUG AND ABANDON	1 🗀	REMEDIAL WOR	КК	∐ Al	LTERING CASIN	G ∐	
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DR	ILLING OPNS		LUG AND BANDONMENT		
PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING TEST AT CEMENT JOB	ND	X			
OTHER:			OTHER:					
13. Describe proposed or comploof starting any proposed work or recompletion.								
3/27/04 Spudded well @ 7:30 Al w/ 350 sx. Class C w/ 2% CaCl2.				8-5/8" OD, 24	l# J-55 csg	g. set at 418'. Cer	nented	
3/28/04 NU 3000# X11 BOP stac	k. Test blind rams to 10	000 psi. I	Orld. cement fr. 373	' to 393'. Tes	sted pipe ra	ms, manifold &	csg. to	
1000# - OK.					10		7.3	
			# * * * * * * * * * * * * * * * * * * *	James 1	1897	2004 1.VED 20	1222	
					100	# 35 S	324	
					/c.2.		15. 15.	
					1	1378793031	9/	
I hereby certify that the information a	.1	-4- 4- 41- 1	L 4 - 6 1 1 - 1	1	•			
Thereby certify matthe information a	above is true and complete		-	ige and bener	•			
SIGNATURE VEY MAN	, NO DESTINA	_TITLE_	Vice President		]	DATE 04/07/20	<del></del>	
Type or print name Ronnie H. Westb	rook	E-mail a	address:	-NE HASTAF	F MATER	phone No. (432)		
(This space for State use)		~ =	Address: HELD REPRESENTA	(ILATE MAN		APR 1 5 2	004	
APPPROVED BY Hauw. Conditions of approval, if any	W. Wink	_TITLE_				DATE		