

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 87410
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

WELL API NO. 30-025-30730
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> <i>Fed</i>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Tiffany
8. Well Number 3
9. OGRID Number 012024
10. Pool name or Wildcat Nadine Drinkard Abo
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3604' GL

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
P. O. Box 3040, Midland, TX 79702-3040

4. Well Location
Unit Letter C : 690 feet from the North line and 1980 feet from the West line
Section 26 Township 19S Range 38E NMPM Lea County

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: Extend TA Status for 1 year



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.

THIS IS A REQUEST EXTEND TA STATUS FOR ONE YEAR TO EVALUATE WELL FOR RECOMPLETION OR RETURN TO PRODUCTION.

HOBBS OCD

WILL TEST WELLBORE TO 500# UPON APPROVAL AND TEST WITNESS APPOINTMENT,

FEB 08 2012

Condition of Approval: Notify OCD Hobbs
office 24 hours prior to running MIT Test & Chart

RECEIVED

Spud Date:

Log 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 02/02/12

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

For State Use Only

APPROVED BY: [Signature] TITLE Staff Mgr DATE 2-8-2012

Conditions of Approval (if any):