

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
HOBBS OCD
 OIL CONSERVATION DIVISION
 MAY 29 2013
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

Form C-103
 June 19, 2008

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.) RECEIVED		WELL API NO. 30-025-06784
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 type="checkbox"/> FEE <input checked="" 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 Sarkeys A
4. Well Location Unit Letter <u>G</u> : 1980 feet from the <u>North</u> line and 1980 feet from the <u>East</u> line Section <u>26</u> Township <u>21S</u> Range <u>37E</u> NMPM <u>Lea</u> County		8. Well Number <u>1</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3383' GR		9. OGRID Number <u>012024</u>
10. Pool name or Wildcat DHC Blinebry Tubb and Drinkard		

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input checked="" type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/>		SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

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.

- MIRU. POOH w/ all equipment.
- GIH w/frac pkr and RBP on 3 1/2" workstring, set RBP @ 6375', test to 1000#. PUH. Set frac pkr @ 5450', test csg above pkr.
- Frac Blinebry and Tubb zones w/275,000# sand in 65 Quality CO2 foam. SI 24 hrs
- Swab well, rls pkr, POOH, GIH and CO sand, etc. Rls RBP and POOH.
- GIH w/ prod tbg, TFF, swab until all fluids are clean. GIH w/pump and rods. Return well to production.
- Test well

The subject well is DHC Blinebry, Tubb and Drinkard under Order No. DHC-HOB -0501.

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 05/28/13

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 DIST MGR DATE 6-10-2013
 Conditions of Approval (if any):