

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 DISTRICT
HOBBS OGD
 1220 South St. Francis Dr.
 Santa Fe, NM 87505
NOV 21 2017

WELL API NO.	30-025-34035
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>	
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name Thomas Long A	
8. Well Number 3	
9. OGRID Number 012024	
10. Pool name or Wildcat Blinebry Oil & Gas (Pro Gas)	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3661' GL	

RECEIVED

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 M : 430 feet from the South line and 560 feet from the West line
 Section 11 Township 22S Range 37E NMPM Lea County

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

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

Nov 2: Test csg to 500# with chart. No leak off.

This Approval of Temporary Abandonment Expires 11/2/2018 "1 YEAR"

JHHC requests extension of TA approval. This well will continue to be evaluated and will be repaired when production conditions are economical.

A successful MIT was conducted on the casing November 2, 2017. Attached is the pressure chart from the test.

Spud Date: Rig Release Date:

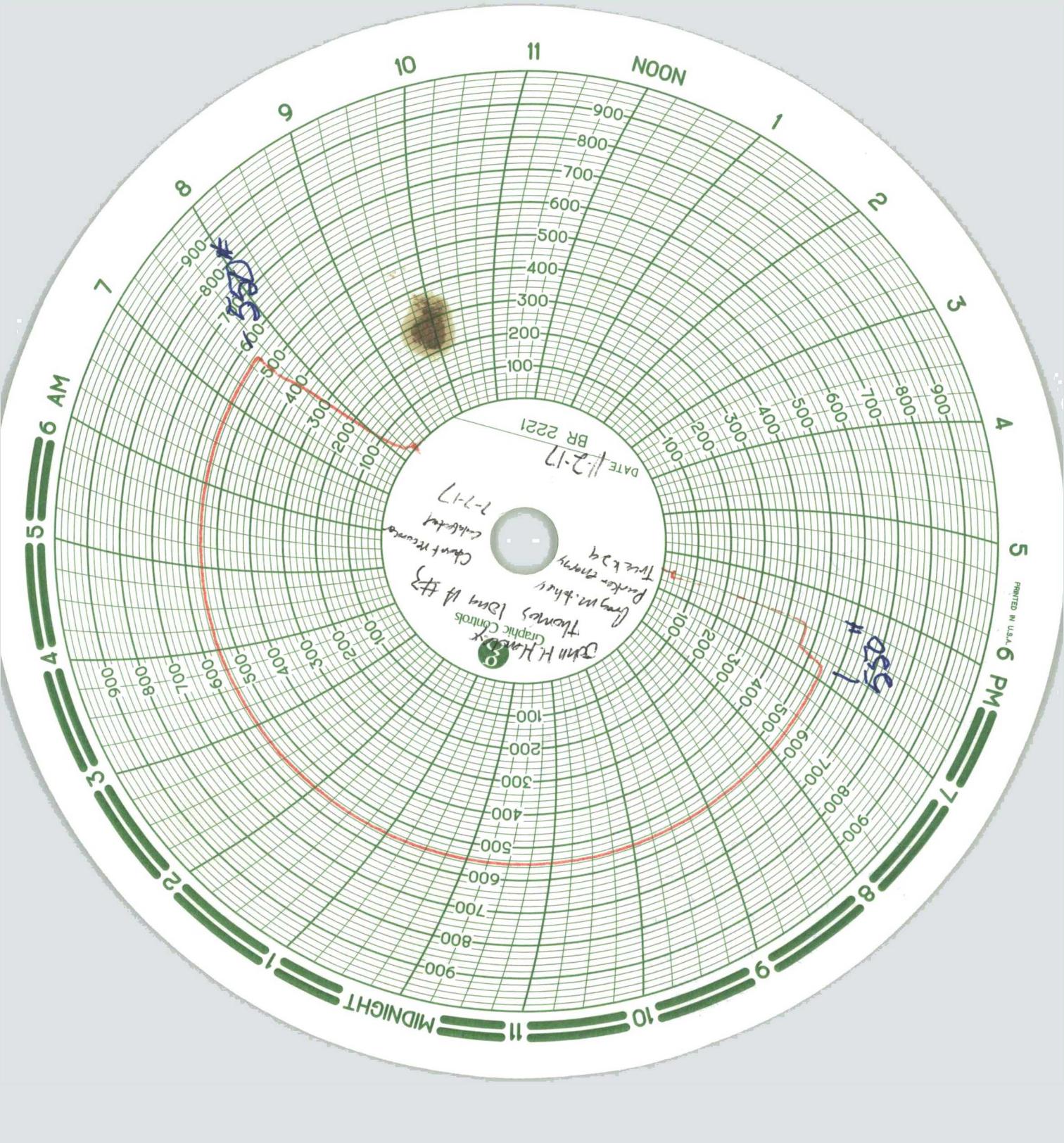
I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Carolyn Doran Haynes TITLE Engineer DATE 11/13/17

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

For State Use Only
 APPROVED BY: Mary Brown TITLE AO/II DATE 11/22/2017
 Conditions of Approval (if any):

RBDMS-CHART-✓



PRINTED IN U.S.A.

MIDNIGHT

11

10

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NOON

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DATE 11-2-17 BR 2221
Count records 1-7-17
Parker energy truck 29
Thomas Long #3
John H. Hankins
Graphic Controls

JES

JES

Parker Energy Support Services, Inc

PHONE (575) 394-0444 • FAX (575) 394-0043
 P.O. Box 1957
 2350 AVE. O, EUNICE, NM 88231

TRUCKING WORK TICKET

COMPANY: John H Hendrix LEASE: Thomas Long A W/T 111738
 ADDRESS TO MAIL INVOICE: _____ P.O. # _____
 JOB DESCRIPTION: local Coring pressure up to 550PSI for 30 min SALESMAN _____
Chart DATE 11-2-17
 WELL 3

UNIT #	DRIVER NAME (PRINT)	TOTAL HRS.	TEXAS MILES	TOP GAUGE	BTM. GAUGE
29	Greg Mitchell	3			

EQUIPMENT USED				MATERIALS USED			
Type of Equipment	Hours	Unit Price	Total	Type of Material/Wtr. Sta. SWD	Amount	Unit Price	Total Price
Kill Truck	3		\$	Type Water	Wtr. Sta / SWD	Barrels/Yards	
Gang Truck			\$	Brine			\$
Vacuum Truck			\$	Fresh			\$
Helper			\$	Jet Out			\$
Safety Supervisor			\$	Produced			\$
4 Gas Monitor			\$	Solids			\$
Steamer			\$	Caliche			\$
Chart Recorder	1		\$	Top Soil			\$
Dump Truck			\$	Contaminated Soil			
Backhoe			\$	Gravel			
Belly Dump Truck			\$				
Dozer			\$				
Trachoe			\$				
Tractor			\$	SAFETY EQUIPMENT REQUIRED TO DO THIS JOB <input type="checkbox"/> Day <input type="checkbox"/> Day <input type="checkbox"/> Clear <input type="checkbox"/> Hard Hat <input type="checkbox"/> Lock Out / Tag Out <input type="checkbox"/> Drizzle <input type="checkbox"/> Humid <input type="checkbox"/> Rain <input type="checkbox"/> Steel Toed Boots <input type="checkbox"/> Ground Cable <input type="checkbox"/> Ice <input type="checkbox"/> Snow <input type="checkbox"/> Dust <input type="checkbox"/> Cotton / Rubber Gloves <input type="checkbox"/> H2S / Tri-Monitors <input type="checkbox"/> Fog <input type="checkbox"/> _____ <input type="checkbox"/> Safety Glasses <input type="checkbox"/> Safety Harness / Anti-fall Device <input type="checkbox"/> Temp _____ Degrees <input type="checkbox"/> Fire Extinguishers <input type="checkbox"/> Proper Clothing <input type="checkbox"/> Wind _____ mph <input type="checkbox"/> Wheel Chock <input type="checkbox"/> Hearing Protection <input type="checkbox"/> Chains Required <input type="checkbox"/> Confined Space Permit <input type="checkbox"/> Safety Belts <input type="checkbox"/> Steep Grades <input type="checkbox"/> Work Permit Required <input type="checkbox"/> Other (explain) _____ <input type="checkbox"/> Mud _____ Condition <input type="checkbox"/> Face Shields / Goggles <input type="checkbox"/> Back Support Belts			
Loader			\$	ENVIRONMENTAL Pollution (Personal Exposure) <input type="checkbox"/> Y <input type="checkbox"/> N			
Roller			\$	PRE-JOB HAZARD ASSESSMENT			
Skidsteer			\$	LIFTING Manual Lifting (Body Position) <input type="checkbox"/> Y <input type="checkbox"/> N Mechanical Lifting Equipment <input type="checkbox"/> Y <input type="checkbox"/> N Awkward Body Position <input type="checkbox"/> Y <input type="checkbox"/> N Slip / Trip Potential <input type="checkbox"/> Y <input type="checkbox"/> N Lifting w/ Other Employees <input type="checkbox"/> Y <input type="checkbox"/> N Proper Rigging Practices <input type="checkbox"/> Y <input type="checkbox"/> N Proper Tool / Material Placement <input type="checkbox"/> Y <input type="checkbox"/> N Hot / Cold Surface or Material <input type="checkbox"/> Y <input type="checkbox"/> N Inadequate Lighting <input type="checkbox"/> Y <input type="checkbox"/> N Fall Protection / Anchor Points <input type="checkbox"/> Y <input type="checkbox"/> N Pinch Points <input type="checkbox"/> Y <input type="checkbox"/> N Trenching / Excavation <input type="checkbox"/> Y <input type="checkbox"/> N Hand & Finger Hazards <input type="checkbox"/> Y <input type="checkbox"/> N Electrical Hazards <input type="checkbox"/> Y <input type="checkbox"/> N Welding / Flame Cutting <input type="checkbox"/> Y <input type="checkbox"/> N Mechanical Equipment <input type="checkbox"/> Y <input type="checkbox"/> N If Yes, identify: _____			
Attachments			\$	BODY POSITION / MOVEMENT Climbing <input type="checkbox"/> Y <input type="checkbox"/> N Pushing / Pulling <input type="checkbox"/> Y <input type="checkbox"/> N Bending <input type="checkbox"/> Y <input type="checkbox"/> N Twisting Motion <input type="checkbox"/> Y <input type="checkbox"/> N Walking <input type="checkbox"/> Y <input type="checkbox"/> N Swinging <input type="checkbox"/> Y <input type="checkbox"/> N Straining <input type="checkbox"/> Y <input type="checkbox"/> N Stretching <input type="checkbox"/> Y <input type="checkbox"/> N Reaching <input type="checkbox"/> Y <input type="checkbox"/> N Over Extending <input type="checkbox"/> Y <input type="checkbox"/> N Jumping <input type="checkbox"/> Y <input type="checkbox"/> N Crawling <input type="checkbox"/> Y <input type="checkbox"/> N			
Type of Chemical	Gallons	Unit Price	Total	ACCESS / EXIT Scaffold (properly inspected) <input type="checkbox"/> Y <input type="checkbox"/> N Ladder <input type="checkbox"/> Y <input type="checkbox"/> N Hoisting of Tools / Materials <input type="checkbox"/> Y <input type="checkbox"/> N Secure Footing <input type="checkbox"/> Y <input type="checkbox"/> N			
Acid			\$	Sequence of Basic Job Steps _____ _____ _____			
Degreaser			\$	Customer Approval / Date _____ / _____ Customer Approval / Date _____ / _____			
Paraffin Solvent			\$	Action Taken to Eliminate or Reduce Potential Hazards _____ _____ _____			
Inhibitor			\$	Customer Satisfaction <input type="checkbox"/> Meets Expectations <input type="checkbox"/> Exceeds Expectations <input type="checkbox"/> Please contact me			
KCL Liquid			\$	Grand Total			
KCL Sacks			\$	\$			
Packer Fluid			\$				
Soap			\$				

Driver Signature: [Signature] Customer Signature: Nancy A. Dobbs Company Representative (print): Allan Dobbs