Submit 3 Copies To Appropriate District Office	State of New Mexico	Form C-103 May 27, 2004
District 1 Energy, Minerals and Natural Resources 1625 N. French Dr., Hobbs, NM 88240		WELL API NO. 30-025-20208
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District III 1220 South St. Francis Dr. 1000 Rio Brazos Rd., Aztec, NM 87410		5. Indicate Type of Lease  STATE ☐ FEE 🗓
District IV 1220 S. St. Francis Dr., Santa Fe, NM		6. State Oil & Gas Lease No.
87505 SUNDRY NOTICES AND REPORTS ON WELLS 7. Least		7 Lease Name or Unit Agreement Name
(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.)		7. Lease Name or Unit Agreement Name LEARCY MCBUFFINGTON
1. Type of Well: Oil Well X Gas Well Other		8. Well Number <sub>14</sub>
2. Name of Operator HENRY PETROLEUM LP		9. OGRID Number 155453
3. Address of Operator 3525 ANDREWS HIGHWAY		10. Pool name or Wildcat
MIDLAND, TX 79703  4. Well Location		JUSTIS BLY TUBB DRINKARD
Unit Letter P: 330 feet from the SOUTH line and 990 feet from the EAST line		
Section 13 Township 25S Range 37E NMPM CountyLEA		
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3088' KB  Pit or Below-grade Tank Application  or Closure		
Pit type Depth to Groundwater Distance from nearest fresh water well Distance from nearest surface water		
Pit Liner Thickness: mil Below-Grade Tank: Volume bbls; Construction Material		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING		
TEMPORARILY ABANDON		
OTHER:		<del>-</del>
OTHER: OTHER:TA  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.		
6-16-06 PRESS CSG TO 600# FOR 30 MINUTES. HELD OK.		
HENRY IS TRYING TO DETERMINE LEASE HOLD STATUS AND THEN WILL EVALUATE RETURNING TO PRODUCTION IN THE UNIT.		
This Approval of Temporary 6 15 1 Received Robbs 000		
I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines , a general permit or an (attached) alternative OCD-approved plan.		
SIGNATURE Shulon Houchins	TITLE REGULATORY SPEC	DATE 06/16/2006
Type or print name SHIRLEY HOUCHINS  For State Use Only  E-mail address Third Control of the No. (432)694-3000		
APPROVED BY: Conditions of Approval (if any):	nk TITLE	MAN =2 0 2006

