State of New Mey Office	xico	Form C-103
District I Energy, Minerals and Natur	ral Resources _	June 19, 2008
1625 N. French Dr , Hobbs, NM 88240		WELL API NO.
District II 1301 W. Grand Ave. Artecia NIM 899999 — OIL CONSERVATION	DIVISION	30-025-21602
1301 W Grand Ave, Artesia, NM 88 CONSERVATION DIVISION District III 1000 B. D.		5. Indicate Type of Lease
		STATÉ 🗌 FEE 🖂
District IV Santa Fe, NM 8/	202	6. State Oil & Gas Lease No.
and a section of the		
SUNDRY NOTES AND COPORTS ON WELLS		7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLU	JG BACK TO A	Leade Famile of Office Agreement Ivalite
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR	OR SUCH	Sarkeys A
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other		8. Well Number 2
2. Name of Operator		9. OGRID Number 012024
John H. Hendrix Corporation 3. Address of Operator		10. Dool name or Wildort DUG DU 1
P. O. Box 3040, Midland, TX 79702-3040		10. Pool name or Wildcat DHC Blinebry
		Drinkard, Wantz Abo
4. Well Location		
Unit Letter H: 1650 feet from the North	line and99	00feet from theEastline
Section 26 Township 21S Range 37E NMPM Lea County		
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		
3378' GR		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
12. Check Appropriate Dox to mulcate Na	ature of mones, R	eport of Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
		-
PULL OR ALTER CASING MULTIPLE COMPL		_
DOWNHOLE COMMINGLE	CASING/CEMENT	JOB L
DOWNALIOTE COMMINITABLE []		
OTHER: add Blinebry perfs	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.		
of recompletion.		
1. Add perfs to Blinebry interval 5569-5672' (will add 9)		
2. Acidize entire Blinebry interval 5569-5861' w/ 2000 gal 15% HCl		
3. Swab back fluid to clean		
4. Return to production		
Result to production		
Spud Date: Rig Release Date:		
Spud Dute.	te:	
Rig Release Dat	te:	
Nig Release Dat	te:	
	L	and haline
	L	and belief.
I hereby certify that the information above is true and complete to the best	L	and belief.
Thereby certify that the information above is true and complete to the best	st of my knowledge	
Thereby certify that the information above is true and complete to the best	L	
Thereby certify that the information above is true and complete to the best SIGNATURE and Language English English Language English English Language English English Language En	est of my knowledge a	ΓΕ 7/22//09 .
Thereby certify that the information above is true and complete to the best SIGNATURE Land Haynes Lemail address the Employment of the Emp	st of my knowledge	ΓΕ 7/22//09 .
Thereby certify that the information above is true and complete to the best SIGNATURE And Haynes Eng Type or print name . Carolyn Doran Haynes . E-mail address For State Use Only	gineer DAT ss: cdoranhaynes@	TE 7/22//09 2jhhc.org PHONE: 432-684-6631
Type or print name . Carolyn Doran Haynes . E-mail address For State Use Only	est of my knowledge a	TE 7/22//09 2jhhc.org PHONE: 432-684-6631