Submit 3 Copies To Appropriate District	State of New Mexico	Form C-103
Office District I	Energy, Minerals and Natural Resources	June 19, 2008
1625 N. French Dr., Hobbs, NM		WELL API NO.
District I 1625 N. French Dr., Hobbs, NM District II 1301 W Grand Ave., Artesia, NM 88210 District III  District III  AUC 1.1 appen 1220 South St. Francis Dr.		30-025-10268
District III Alls 1 2000 1220 South St. Francis Dr.		5. Indicate Type of Lease  STATE ☐ FEE ☒
1000 Rio Brazos Rd., Aztec, NM 87470 Santa Fe, NM 87505		STATE FEE 6. State Oil & Gas Lease No.
District IV 1220 S. St. Francis Dr., Santa Fel NOBE 87505	BSOCD	o. State On & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A		7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLIC	DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH	
PROPOSALS.)		
1. Type of Well: Oil Well	Gas Well Other	8. Well Number 5
Name of Operator     John H. Hendrix Corporation		9. OGRID Number 012024
3. Address of Operator		10. Pool name or Wildcat
P. O. Box 3040, Midland, TX 79702-3040		Blinebry Oil & Gas
4. Well Location		
Unit LetterO_:	feet from theSouth line and	feet from theEastline
Section 14 Township 22S Range 37E NMPM Lea County		
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3327' GR		
The safe and the s		
12. Check A	Appropriate Box to Indicate Nature of Notic	e. Report or Other Data
		•
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK ☑ PLUG AND ABANDON ☐ REMEDIAL WORK ☐ ALTERING CASING ☐		
TEMPORARILY ABANDON	<del></del>	PRILLING OPNS. P AND A
PULL OR ALTER CASING	MULTIPLE COMPL CASING/CEME	ENT JOB
DOWNHOLE COMMINGLE		
OTHER:	☐ OTHER:	
	oleted operations. (Clearly state all pertinent details,	and give pertinent dates, including estimated date
of starting any proposed we or recompletion.	ork). SEE RULE 1103. For Multiple Completions:	Attach wellbore diagram of proposed completion
1		
	val 5400-5900' (existing perfs @ 5408-5540' and 5	725-5800')
	erval w/ 3500 gal 15% HCl	
3. Swab back fluid to clean  A Pature to production		
4. Return to production	·	
F		
Spud Date:	Rig Release Date:	
1		
I hereby certify that the information	above is true and complete to the best of my knowle	dge and belief.
	•	-
SIGNATURE Caroly A	na Hanna FITLE Engineer	DATE 8/07//09 .
	11122 131511001	
Type or print name . Carolyn D	,	
	oran Haynes . E-mail address: cdoranhay	nes@jhhc.org PHONE: 432-684-6631
For State Use Only	oran Haynes . E-mail address: cdoranhay	
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