Submit 3 Copies To Appropriate District Office	State of New Mo			Form C-103 June 19, 2008
District I 1625 N. French Dr., Hobbs, NM 88240 Energy, Minerals and Natural Resources			WELL API NO.	Julie 19, 2008
District II 1301 W. Grand Ave., Artesia, NM PCC NSERVATION DIVISION District III				-025-09989
District III 1220 South St. Francis Dr.			5. Indicate Type of Le	FEE 🖂
1000 Rio Brazos Rd., Aztec, NM 8741 DEC 1 1 2009 Santa Fe, NM 87505			6. State Oil & Gas Le	
1220 S. St. Francis Dr., Santa Fe, NMOBBSOCD				
SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name or Un	it 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			Brunson C	}
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other			8. Well Number 7	
2. Name of Operator			9. OGRID Number	012024
John H. Hendrix Corporation				
3. Address of Operator P. O. Box 3040, Midland, TX 79702-3040			10. Pool name or Wil Blinebry/Tubb/Drinka	1
4. Well Location			Difficol y/ 1 doo/ Di fika	14
Unit Letter P: 760 feet from the South line and 560 feet from the East line				
Section 3 Township 22S Range 37E NMPM Lea County				
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3390' GR				
[2] (2) (2) (2) (2) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4				
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				
DOWNHOLE COMMINGLE				
OTHER: Add Blinebry, Perfs				
of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.				
or recompletion.				
1. Add perfs to Blinebry interval 5573-5810' (existing perfs @ 5410-5570')				
 Acidize w/5000 gal Blinebry/(5410-5810') Tubb (5920-6184') Drinkard (6280-6346' and OH 6435-6522') production intervals Swab back fluid to clean 				
4. Return to production				
Spud Date:	Rig Release D	ate:		
L				
I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
Thereby certify that the information above is true and complete to the best of my knowledge and belief.				
SIGNATURE Lawlin Don Hamme TITLE Engineer DATE 12/10/09 .				
SIGNATURE LANGE DE	no (fayme-IIILE E	ngineer D	ATE 12/10/09	<u> </u>
• • •	Doran Haynes . E-mail addı	ess: cdoranhayne	s@jhhc.org PHC	NE: 432-684-6631
For State Use Only				
APPROVED BY: TITLE PETROLEUM ENGINEER DATE DATE				
Conditions of Approval (if appl)	THEE_		DATE_	