

Submit To Appropriate District Office Two Copies District I 1625 N French Dr., Hobbs, NM 88240 District II 1301 W. Grand Avenue, 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 Oil Conservation Division 1220 South St. Francis Dr. Santa Fe, NM 87505		Form C-105 July 17, 2008						
		<div style="position: relative; height: 100px;"> <div style="position: absolute; top: 0; left: 0; width: 100%; height: 100%; background: repeating-linear-gradient(45deg, transparent, transparent 2px, black 2px, black 4px); opacity: 0.5; transform: rotate(45deg);"></div> <div style="position: absolute; top: 0; left: 0; width: 100%; height: 100%; background: repeating-linear-gradient(-45deg, transparent, transparent 2px, black 2px, black 4px); opacity: 0.5; transform: rotate(-45deg);"></div> </div>		1. WELL API NO. 30-025-20004						
		2. Type of Lease <input type="checkbox"/> STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> FED/INDIAN		3. State Oil & Gas Lease No.						
WELL COMPLETION OR RECOMPLETION REPORT AND LOG										
4. Reason for filing: <input checked="" type="checkbox"/> COMPLETION REPORT (Fill in boxes #1 through #31 for State and Fee wells only) <input checked="" type="checkbox"/> C-144 CLOSURE ATTACHMENT (Fill in boxes #1 through #9, #15 Date Rig Released and #32 and/or #33; attach this and the plat to the C-144 closure report in accordance with 19.15 17.13.K NMAC)				5. Lease Name or Unit Agreement Name Gulf Mattern 6. Well Number: 1						
7. Type of Completion: <input type="checkbox"/> NEW WELL <input type="checkbox"/> WORKOVER <input type="checkbox"/> DEEPENING <input type="checkbox"/> PLUGBACK <input checked="" type="checkbox"/> DIFFERENT RESERVOIR <input checked="" type="checkbox"/> OTHER DHC - HOB - 0376										
8. Name of Operator John H. Hendrix Corporation				9. OGRID 012024						
10. Address of Operator P. O. Box 3040, Midland, TX 79702-3040				11. Pool name or Wildcat Blinebry Oil & Gas (6660)						
12. Location	Unit Ltr	Section	Township	Range	Lot	Feet from the	N/S Line	Feet from the	E/W Line	County
Surface:	J	30	21S	37E		1980	S	1650	E	Lea
BH:										
13. Date Spudded	14. Date T.D. Reached	15. Date Rig Released		16. Date Completed (Ready to Produce)		17. Elevations (DF and RKB, RT, GR, etc.) 3486' GL				
				09/01/10						
18. Total Measured Depth of Well 6723'		19. Plug Back Measured Depth RBP @ 6688'		20. Was Directional Survey Made?		21. Type Electric and Other Logs Run				
22. Producing Interval(s), of this completion - Top, Bottom, Name 5498-5787' Blinebry Oil & Gas										
23. CASING RECORD (Report all strings set in well)										
CASING SIZE		WEIGHT LB./FT.		DEPTH SET		HOLE SIZE		CEMENTING RECORD		AMOUNT PULLED
NC										
24. LINER RECORD										
SIZE	TOP	BOTTOM	SACKS CEMENT		SCREEN		25. TUBING RECORD			
							SIZE	DEPTH SET	PACKER SET	
							2 3/8"	5882'		
26. Perforation record (interval, size, and number)						27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC.				
5498', 5503', 5507', 5520', 5528', 5533', 5542', 5547, 5570', 5580', 5610', 5625', 5630', 5652', 5672', 5683', 5746', 5749', 5764', 5774', 5782', & 5787'. Total of 22 holes.						DEPTH INTERVAL				
						AMOUNT AND KIND MATERIAL USED				
						5498-5787'				
						3000 gal acid 15% nefe HCl				
28. PRODUCTION										
Date First Production		Production Method (Flowing, gas lift, pumping - Size and type pump)				Well Status (Prod. or Shut-in)				
09/01/10		Pumping 2" x 1 1/4" x 16"				Prod				
Date of Test	Hours Tested	Choke Size	Prod'n For Test Period	Oil - Bbl	Gas - MCF	Water - Bbl.	Gas - Oil Ratio			
09/07/10	24		24 hr	4 bbls of 10 total	50mcf of 124 total	10 bbls of 25 total				
Flow Tubing Press.	Casing Pressure	Calculated 24-Hour Rate	Oil - Bbl.	Gas - MCF	Water - Bbl.	Oil Gravity - API - (Corr.)				
	40#									
29. Disposition of Gas (Sold, used for fuel, vented, etc.)						30. Test Witnessed By				
sold						Russell Pickrel				
31. List Attachments										
32. If a temporary pit was used at the well, attach a plat with the location of the temporary pit.										
33. If an on-site burial was used at the well, report the exact location of the on-site burial:										
Latitude _____ Longitude _____ NAD 1927 1983										
I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief										
Signature 			Printed Name Carolyn Doran Haynes Title Engineer			Date 09/13/10				
E-mail Address cdoranhaynes@jhnc.org										

DHC - HOB - 0376

 PETROLEUM ENGINEER
SEP 23 2010