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U.S.O.B.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>

5. State Oil & Gas Lease No.
B-9950

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT - 1" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/>	GAS WELL <input type="checkbox"/>	OTHER <input type="checkbox"/>
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2. Name of Operator

Jimmy P. Hodge

3. Address of Operator

c/o Oil Reports & Gas Services, Inc., Box 755, Hobbs, NM 88241

4. Location of Well

UNIT LETTER L, 1980 FEET FROM THE South LINE AND 660 FEET FROM
THE West LINE, SECTION 10 TOWNSHIP 12S RANGE 33E NMPM.

7. Unit Agreement Name

8. Farm or Lease Name

State "B"

9. Well No.

5

10. Field and Pool, or WHdcat

N. Bagley Permo Penn

15. Elevation (Show whether DF, RT, GR, etc.)

4253.6 GR

12. County

Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK	<input type="checkbox"/>
TEMPORARILY ABANDON	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>

PLUG AND ABANDON	<input type="checkbox"/>
CHANGE PLANS	<input type="checkbox"/>
OTHER	<input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK	<input checked="" type="checkbox"/>
COMMENCE DRILLING OPNS.	<input type="checkbox"/>
CASING TEST AND CEMENT JOB	<input type="checkbox"/>
OTHER	<input type="checkbox"/>

ALTERING CASING	<input type="checkbox"/>
PLUG AND ABANDONMENT	<input type="checkbox"/>

17. 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.

Work began 1/14/86. Perforated 9347 to 9442 with 19 shots.
Set bridge plug at 9474 and cap with 7' cement. Treat perfs
9347 to 9442 with 3600 gallons 15% regular acid. Swab
load. Kicked off flowing. 2/1/86 Flow 280 bbls oil, 125 bbls
water, 525 MCF gas thru 32/64" choke, TP 250#.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED Wm. Hodge TITLE Agent DATE 2/3/86

ORIGINAL SIGNED BY JERRY SEXTON

APPROVED BY DISTRICT SUPERVISOR

TITLE _____

DATE FEB 6 - 1986

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED
FEB - 5 1986
C
HOBBS SERVICE