Submit 3 Copies to Appropriate

State of New Mexico Ainerals and Natural Resources Department Ener

Form C-103

CONDITIONS OF APPROVAL, IF ANY:

Revised 1-1-89

| District Office  |  |
|--|--|
| DISTRICT I<br>P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION DIVISION<br>P.O. Box 2088  | WELL API NO.                                 |
| DISTRICT II P.O. Drawer DD, Artesia, NM 88210  Santa Fe, New Mexico 87504-2088   | 5. Indicate Type of Lease  STATE FEE X       |
| DISTRICT III<br>1000 Rio Brazos Rd., Aztec, NM 87410   | 6. State Oil & 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 DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)  | 7. Lease Name or Unit Agreement Name         |
| 1. Type of Well: OIL GAS WELL WELL OTHER   | <del>Ralph</del> Davis                       |
| 2. Name of Operator  | 8. Well No.                                  |
| Hillin-Simon Oil Company  3. Address of Operator   | 9. Pool name or Wildcat Blinebry East        |
| P. O. Box 1552 MIDLAND, TX 79702   | Hobbs East San Andres                        |
| 4. Well Location  Unit Letter J: 1980 Feet From The South Line and  Section 29 Township 18 South Range 39 East  (Milliam Control of the Contr |  |
| GR 35  | 93'  |
| 11. Check Appropriate Box to Indicate Nature of Notice, R  |  |
| NOTICE OF INTENTION TO:  | SEQUENT REPORT OF:                           |
| PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK   | ALTERING CASING                              |
| TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING   | G OPNS. PLUG AND ABANDONMENT                 |
| PULL OR ALTER CASING CASING TEST AND C   | EMENT JOB                                    |
| OTHER: Bradenhead Test OTHER:  |  |
| 12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, incluwork) SEE RULE 1103.  | ding estimated date of starting any proposed |
| 5-17-90<br>Dug out Cellar. Replace & repaired valves & 2"  | lines off bradenhead.                        |
| Tested as follows: 0# on bradenhead, 0# on tbg   | 25# production                               |
| casing. Test wittnessed by Ray Smith with the Ni   | MOGCD.                                       |
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| I hereby certify that the information above is true and complete to the best of my knowledge and belief.   | od Cupt 6 20 00                              |
| SIONATURE TITLE DELIG & PER  | DATE 6-20-90<br>915/                         |
| TYPEOR PRINT NAME Stephen D. Smith   | TELEPHONE NG 82 - 2202                       |
| (This space for State Use)   | JUN 2 5 1990                                 |
| ADDROVED BY JUNEAU VICTORIAL TITLE   | DATE DATE                                    |