

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Minerals and Natural Resources Dept.

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.

5. Indicate Type of Lease
STATE FEE

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name
D. F. Ferguson

8. Well No.
1

9. Pool name or Wildcat
Hobbs East San Andres

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.)

1. Type of Well:
OIL WELL GAS WELL OTHER

2. Name of Operator
Hillin-Simon Oil Company

3. Address of Operator
P. O. Box 1552 MIDLAND, TX 79702

4. Well Location
Unit Letter **H** : **1983** Feet From The **North** Line and **661** Feet From The **East** Line
Section **30** Township **18 South** Range **39 East** NMPM **Lea** County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
DF 3611'

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <u>Bradenhead Test</u> <input checked="" type="checkbox"/>		OTHER: _____ <input type="checkbox"/>	

12. 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.

5-17-90
Clean out Cellar. Replace & repaired valves & 2" lines off bradenhead.
Tested as follows: 0# on bradenhead, 0# on tbg & 130# production casing. Test witnessed by Ray Smith with the NMOGCD.

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

SIGNATURE Stephen D. Smith TITLE Drlg & Prod Supt DATE 6-20-90
TYPE OR PRINT NAME Stephen D. Smith TELEPHONE NO. 915/682-2202

(This space for STATE Use)
APPROVED BY [Signature] TITLE _____ DATE JUN 25 1990
CONDITIONS OF APPROVAL, IF ANY: