

NEW MEXICO OIL CONSERVATION COMMISSION

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FILE		
U.S.G.S.		
LAND OFFICE		
OPERATOR		

5a. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO CLEAN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE APPLICATION FOR PERMIT (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL GAS WELL OTHER

2. Name of Operator
John H. Hendrix Production

3. Address of Operator
525 Midland Tower, Midland, Texas 79701

4. Location of Well
UNIT LETTER H 1980 FEET FROM THE N LINE AND 990 FEET FROM
THE 6 LINE, SECTION 12 TOWNSHIP 20 RANGE 36 NMPM.

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

7. Unit Agreement Name

8. Farm or Lease Name
Cooper "B"

9. Well No.
#11

10. Field and Pool, or Wildcat
Eunice Monument (G-SA)

12. County
Lea

16. 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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input checked="" type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	See below <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.

Extended 2 inch lines from 13 3/8 surface casing and from 9 5/8 intermediate casing from collar to top of ground level with testing valve as directed and witnessed by Commission.

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

SIGNED Aubrey E. Hendrix, Jr. TITLE Production Foreman DATE 5-26-76

APPROVED BY Jerry Sexton TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: