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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease	
State ☐	Fee ☒
5. State Oil & Gas Lease No.	

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

1. OIL WELL ☐ GAS WELL ☒ OTHER- 2. Name of Operator John H. Hendrix 3. Address of Operator 403 Wall Towers West, Midland, Texas 79701 4. Location of Well UNIT LETTER I 1650 FEET FROM THE South LINE AND 990 FEET FROM THE East LINE, SECTION 7 TOWNSHIP 20S RANGE 37E NMPM. 15. Elevation (Show whether DP, RT, GR, etc.) 3557' GL	7. Unit Agreement Name 8. Farm or Lease Name Bertha J. Barber 9. Well No. 6 10. Field and Pool, or Wildcat Eunice Monument G-SA 12. County Lea
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Check Appropriate Box To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK	☐
TEMPORARILY ABANDON	☐
PULL OR ALTER CASING	☐
OTHER	☐

PLUG AND ABANDON	☐
CHANGE PLANS	☐
OTHER	☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK	☒	ALTERING CASING	☐
COMMENCE DRILLING OPS.	☐	PLUG AND ABANDONMENT	☐
CASING TEST AND CEMENT JOBS	☐	OTHER	☐

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.

1. Rigged up Pool Company pulling unit.
2. Set Halliburton cement retainer @ 3711'. Squeezed perforation 3730-3742' w/300 sacks low water cement and 450 sacks of neat cement.
3. GO International perforated @ 3578', 3590', 3602', 3618', 3630', 3650', 3662', 3680', 3690', w 1 3/8" jet per interval.
4. Halliburton acidized w/250 gals. 15% LSTNE galls. acid.
5. Shut well in 4-28-73 pending connection by El Paso Natural Gas Company.

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

SIGNED Paula J. Hendrix TITLE Accountant DATE May 21, 1973

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: