

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
P.O. BOX 1990  
ROBBS, NEW MEXICO

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

LC 031621 (b)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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—" for such proposals.)

1. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR John H. Hendrix Corporation	8. FARM OR LEASE NAME Mexico
3. ADDRESS OF OPERATOR 223 W. Wall, Suite 525, Midland, TX 79701	9. WELL NO. 1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Unit Letter A, 330 ft. fr. the North Line and 330 ft. fr. the East Line, Section 18, T-20-S, R-37-E, NMPM	10. FIELD AND POOL, OR WILDCAT Eumont Gas
14. PERMIT NO. NA	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 18, T20S-R37E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3564' DF	12. COUNTY OR PARISH Lea
	13. STATE NM

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input checked="" type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	Perf. Queen and Treat		

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)			

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.) \*

Well temporarily shut down.  
Propose to MI & RU pulling unit.  
Set CIBP @ 3450' & cap w/ 20' cement.  
Perf. 7" csg. 3260' - 3395' - Eumont Queen Gas Zone.  
Treat perfs. w/ 3000 gals. 15% NE-HCL.  
Flush w/ 25 bbls. produced wtr.  
Swab & test.  
Return to production.

RECEIVED  
MAR 10 12 11 PM '88  
CARTER  
ADVISOR

18. I hereby certify that the foregoing is true and correct

SIGNED James H. McArthur

TITLE Vice-President

DATE 3/7/88

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

unorthodox location  
Non-Standard Proportion  
\*See Instructions on Reverse Side  
(SJS)