State of New Mexico

Submit 3 Copies to Appropriate District Office	Energy, Minerals and Natural Resources Department OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088		Revised 1-1-89
DISTRICT I P.O. Box 1980, Hobbs, NM 88240			WELL API NO. 30-025-25929
DISTRICT II P.O. Drawer DD, Artesia, NM \$8210			5. Indicate Type of Lance STATE FEE X
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410			6. State Oil & Gas Lonse No.
(DO NOT USE THIS FORM FOR PI DIFFERENT RESI	TICES AND REPORTS ON WELL ROPOSALS TO DRILL OR TO DEEPEN (ERVOIR. USE "APPLICATION FOR PER C-101) FOR SUCH PROPOSALS.)	OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name
1. Type of Well: OR. GAS WELL WELL	OTHER		F.F. Hardison B
2. Name of Operator	Attn: Permits Sup	er Visor	8. Well No. 10
	MILH. TENMING SUP	-, ,,,,,,	9. Pool name or Wildcat
3. Address of Operator P.O. Box 1600 M	idland, TX 79702		Drinkard/Wantz Abo
4. Well Location 990 Unit Letter A: 900 Feet From The North Line and 450 Feet From The East Line			
Section 34 Township 21S Range 37E NIMPM Lea County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3389 GR			
Cheels Appropriate Poy to Indicate Nature of Notice Report, or Other Data			
NOTICE OF I	NTENTION TO:	SUE	BSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON 🗵	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLIN	
PULL OR ALTER CASING		CASING TEST AND C	EMENT JOB L
OTHER:		OTHER:	
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.			
Reverse circ clear spot 100' balanced POH w/tbng to 4000 reverse circ clear POH w/tbng to 1254	n, displace w approx 250 I cmt plug back to 6185. O', spot 100' cmt plug ba	Bbl wtr and sa Circ tbg, WOC ack to 3900' (2 to 1154 to cov	d, Cap w10 sx cmt. plug (35'). lt gel. POH w/tbng to 6285', 4 to 6 hrs. 0 sx cmt) Pull up hole 100', er 9.625" csg shoe. Pull up

I hereby certify that the information above is true and complete to the best of my knowledge and belief. DATE _____6-11-90 Administrative Specialist TELEPHONE NO. 915 688-7548 Stephen Johnson TYPE OR FRONT NAME

(This space for State URIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR

COMMISSION MUST BE NOTIFIED 24 CONDITIONS OF APPROVAL, IN ANY: 15 PROR TO THE REGINNING OF PLOCHED CHERATIONS FOR THE C-103

POH w/tbng to 50' & set cmt plug 50' back to surface