

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
811 South First, Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87504

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87504

Form C-103
Revised March 25, 1999

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.)		WELL API NO. 30-025-06642
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator CAMPBELL & HEDRICK		6. State Oil & Gas Lease No.
3. Address of Operator P. O. BOX 401, MIDLAND, TEXAS 79702		7. Lease Name or Unit Agreement Name: WEATHERLY
4. Well Location Unit Letter <u>B</u> : <u>330</u> feet from the <u>NORTH</u> line and <u>1650</u> feet from the <u>EAST</u> line Section <u>17</u> Township <u>21-S</u> Range <u>37E</u> NMPM LEA County		8. Well No. 1
10. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. Pool name or Wildcat

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"/>	MULTIPLE COMPLETION <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <u>MULTIPLE COMPLETION</u> <input checked="" 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

6/4/01--MOVE IN WORKOVER RIG. PULL RODS. KILL WELL INSTALL BOP. PULL TUBING. RIG UP TO PERFORATE ADDITIONAL TUBBS INTERVALS. PERFORATE 6100 -10, 62-68, 6240-50 and 60-70. (40 holes). Pick up WORKSTRING WITH TAPERED MILL AND CLEAN OUT 6650-6682. Perf clean 6650-6682 with 1000 gal, open hole 6594-6650 with 1000 gal and new perfs 6100-6270 with 1000 gal all 15% NE. Swab to clean up. T OH. T IH and set retrievable BP at 5925. Test casing with 600 psi for 30 minutes. No loss of pressure. Perforate Blinbry 5575-5880 (15 intervals, 59 holes). T IH and set packer at 5500 acidize with 3000 gal regualr 15% NE using 120 balls. No action. Swab test Blinebry. Unseat packer, retrieve bridge plug, pull and lay down wo: string. Run production string to 6525; run rods and return well to pumping

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

SIGNATURE O. F. Hedrick TITLE OPERATOR DATE 07/03/01

Type or print name O. F. HEDRICK
(This space for State use)

Telephone No. 915-684-4393

APPROVED BY _____ TITLE _____ DATE _____
Conditions of approval, if any:

1

2

3

4

5

Submit to Appropriate
District Office
State Lease - 6 copies
Fee Lease - 5 copies

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

Form C-105
Revised 1-1-89

WELL API NO.
30=025=06642

5. Indicate Type of Lease
STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

1a. Type of Well:
OIL WELL ☒ GAS WELL ☐ DRY ☐ OTHER _____

7. Lease Name or Unit Agreement Name

WEATHERLY

b. Type of Completion:

NEW WELL ☐ WORK OVER ☐ DEEPEN ☐ PLUG BACK ☐ DIFF. RESVR. ☒ OTHER MULTIPLE COMPLETION

2. Name of Operator
CAMPBELL & HEDRICK

8. Well No.
1

3. Address of Operator
P. O. BOX 401, MIDLAND, TEXAS 79702

9. Pool name or Wildcat
BLINEBRY OIL AND GAS

4. Well Location
Unit Letter NB: 330 Feet From The NORTH Line and 1650 Feet From The EAST Line

Section 17 Township 21 Range 37 NMPM LEA County

10. Date Spudded 11. Date T.D. Reached 12. Date Compl. (Ready to Prod.) 6/13/01 13. Elevations (DF & RKB, RT, GR, etc.) 14. Elev. Casinghead

15. Total Depth 16. Plug Back T.D. 17. If Multiple Compl. How Many Zones? 3 18. Intervals Drilled By Rotary Tools Cable Tools

19. Producing Interval(s), of this completion - Top, Bottom, Name 20. Was Directional Survey Made

21. Type Electric and Other Logs Run NONE 22. Was Well Cored

23. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT LB/FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED

24. LINER RECORD					25. TUBING RECORD		
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	SIZE	DEPTH SET	PACKER SET
					<u>2 3/4</u>	<u>8525</u>	<u>NONE</u>

26. Perforation record (interval, size, and number) 5575-5880 (15 intervals and 59 holes	27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC.	
	DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED
	<u>5575-5880</u>	<u>3000 Gal Reg 158 using 120 balls</u>

28. PRODUCTION

Date First Production <u>6/13/2001</u>		Production Method (Flowing, gas lift, pumping - Size and type pump)				Well Status (Prod. or Shut-in)	
Date of Test <u>6/30/2001</u>	Hours Tested <u>24</u>	Choke Size <u>3 1/4</u>	Prod'n For Test Period	Oil - Bbl. <u>10.5</u>	Gas - MCF <u>77</u>	Water - Bbl. <u>11</u>	Gas - Oil Ratio <u>7.333</u>
Flow Tubing Press.	Casing Pressure	Calculated 24-Hour Rate	Oil - Bbl.	Gas - MCF	Water - Bbl.	Oil Gravity - API - (Corr.) <u>46.1</u>	

29. Disposition of Gas (Sold, used for fuel, vented, etc.) Test Witnessed By

30. List Attachments

31. I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief

Signature

O. F. Hedrick

Printed Name

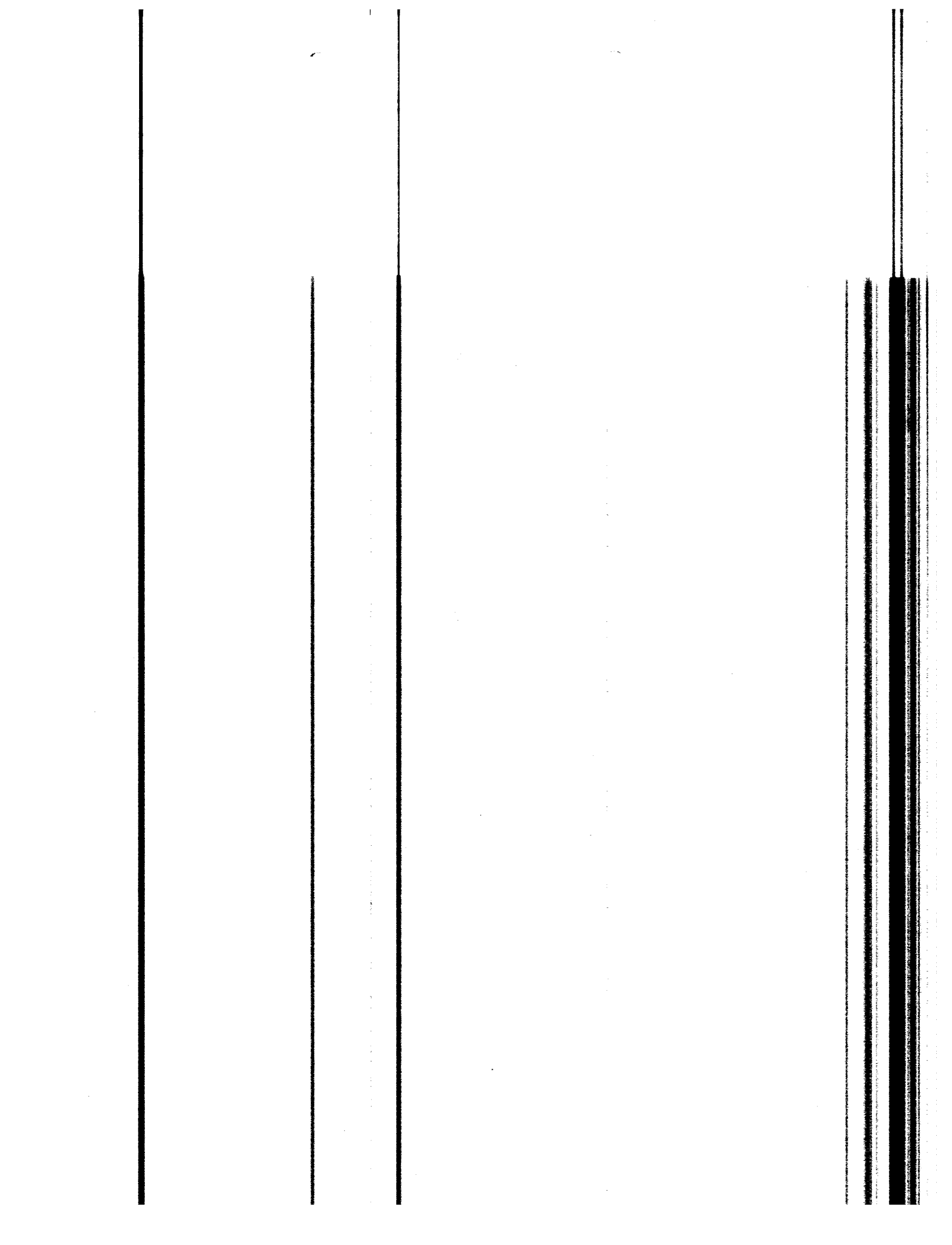
O. F. HEDRICK

Title

OPERATOR

Date

7/30/2001



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Form C-103
 Revised March 25, 1999

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This well is currently producing from Tubbs Oil and Drinkard Oil Pools as per DHC #754. We propose to install BOP, perforate additional Tubbs intervals 6100-6270, clean out to 6682 as needed, acidize Tubbs-Drinkard with 3000 Gal reg acid. Swab and test.

Set Retrievable Bridge plug 5920, perforate Blinbry 5575-5880 gross interval, and acidize with 3000 gal reg acid. Swab and test. Remove Retrievable bridge Plug and DHC Blinbry with Tubbs-Drinkard. A proposed allocation formula will be submitted after completing the well.

Work to start on availability of rig. See Attachment. DI DHC Order No. 0030

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

SIGNATURE O. F. Hedrick TITLE OPERATOR DATE 05/18/01

Type or print name O. F. HEDRICK

Telephone No. 915-684-4393

APPROVED BY

TITLE

DATE

Conditions of approval, if any:

