Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Departmen

Form C-103 Revised 1-1-8

Ones	to Appropriate District Office	Energy, Minerals and Natural Resources Department		Revised 1-1-89
Santa Fe, New Mexico 87504-2088 Sadicate Type of Leave STATE FEE				WELL API NO.
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEFEN OR PENALT (FORM C-10) FOR SUCH PROPOSALS TO DRILL OR TO DEFEN OR PENALT (FORM C-10) FOR SUCH PROPOSALS) 1. Type of Well: WEATHERLY WEATHERLY				5. Indicate Type of Lease
Type of Wall Common Comm				
Ones	(DO NOT USE THIS FORM FOR PR DIFFERENT RESE	OPOSALS TO DRILL OR TO DEEPEN RVOIR. USE "APPLICATION FOR PER	OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name
CAMPBELL & HEDRICK 3. Address of Operator Well Location Dati Letter B: 330 Feet From The NORTH Line and 1650 Feet From The EAST Line Section 17 Township 21S Range 37E NMFM LEA COUNTY, N. Obsert 10. Elevation (Show whether DF, REE, RT, GR, stc.) 3500' GR 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON CHANGE PLANS COMMENCE DRILLING OPINS. PLUG AND ABANDONMENT CASING TEST AND CEMENT JOB OTHER: OTHER: OTHER ALEAKING CASING HEAD FOR REPORT OF SUBSEQUENT REPORT OF: REMEDIAL WORK ALTERING CASING TOTHER LEAKING CASING HEAD FOR REPORT OF SUBSEQUENT REPORT OF: REMEDIAL WORK ALTERING CASING TOTHER REPAIR LEAKING CASING HEAD FOR REPAIR WORK TO SHE RULE 1103. KILL Well 1: Install BOP. Pull tubing and set Baker Retrievable BP 4000'. Replace pack off rubber in 7 5/8x5 5/8 head. Reassemble head and test he and casing to 4000' with 1000 psi. No drop in 30 minutes. Return well to production.	1. Type of Well: OR. SAS WELL SAS WELL SAS	OTHER		WEATHERLY
3. Address of Operator D. BOX 401, MIDLAND, TEXAS 79702 4. Well Lossion Unit Letter B: 330 Feet From The NORTH Lise and 1650 Feet From The EAST Line Section 17 Township 21S Range 37E NMPM LEA COUNTY, N. change 10. Blevation (Show whether Dr. RKE, RT, GR, etc.) 3500' GR 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT CASING TEST AND CEMENT JOB OTHER: 12. Describe Proposed or Completed Operations (Clear's state all pertinent details, and give pertinent data, including entimated data of stating any proposed work) SEE RULE 1103. Kill well. Install BOP. Pull tubing and set Baker Retrievable BP 4000'. Replace pack off rubber in 7 5/8x5 5/8 head. Reassemble head and test her and casing to 4000' with 1000 psi. No drop in 30 minutes. Return well to production. I hereby certify that the integration bove in free and complete to the best of my throwindige and belief. TITLE PARTNER 9. PROTUBLE Wildows Peat From The EAST Line Line and 1650 Feet From The EAST Line EAST Line Line and 1650 Feet From The EAST Line EAST Line Line and 1650 Feet From The EAST Line EAST Line Line and 1650 Feet From The EAST Line Repart Line and 1650 Feet From The EAST Line SUBSEQUENT REPORT OF: REPART LEAKING CASING CASING TO THE PARTNER 9. PROTUBLE AND THE PART	•	DRICK		
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O E HEDDION ID	SIONATURE //	11/17 m	PARTNER PARTNER	DATE 6/21/89
TYPE OR PRINT NAME U. F. HEDRICK, JR. TELEPHONE NO.	TYPE OR PRINT NAME O.	F. HEDRICK, JR.		TELEPHONE NO.

TILE .

(Thus space for State Use) **ORIGINAL SIGNED** BY JERRY SEXTON DISTRICT I SUPERVISOR

JUN 2 3 1989

DATE -

APPROVED BY CONDITIONS OF APPROVAL, IF ANY:

CEIVED

JUN 22 1989

OCD HOBBS OFFICE