

UNITED STATES N.M. Oil Cons. Division  
DEPARTMENT OF THE INTERIOR 1625 N. French Dr.  
BUREAU OF LAND MANAGEMENT Hobbs, NM 88240

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

**SUNDRY NOTICES AND REPORTS ON WELLS**

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals

**SUBMIT IN TRIPLICATE**

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. LC - C 32 E 11 C
2. Name of Operator CAMPBELL & HEDRICK	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. P. O. BOX 401, MIDLAND, TEXAS 79702	7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec. 19 21S, 37E 530' FSL and 530' FEL	8. Well Name and No. HARDY #4
	9. API Well No. 30-025-06676
	10. Field and Pool, or Exploratory Area PADDOCK
	11. County or Parish, State LEA

**CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA**

**TYPE OF SUBMISSION**

- ☐ Notice of Intent  
☐ Subsequent Report  
☐ Final Abandonment Notice

**TYPE OF ACTION**

- ☐ Abandonment  
☒ Recompletion  
☐ Plugging Back  
☐ Casing Repair  
☐ Altering Casing  
☐ Other

- ☐ Change of Plans  
☐ New Construction  
☐ Non-Routine Fracturing  
☐ Water Shut-Off  
☐ Conversion to Injection  
☐ Dispose Water

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

13. 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.)\*

10/11/99--Pull rods, tbq. Install BOP. Drill float collar and 30' cement. PBTD 5208. Perf csg 5193-99 w/18 jet shots. Run tbq and set packer 5177. Acidize with 750 gal regular 15% NE FE Hcl. No pressure. SWAB.

Remove packer. Run tbq to 5180. Run rods and return to pumping. Work complete 10/18/99. Recovering load water.

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

Signed [Signature] Title Operator Date 10/20/99

(This space for Federal or State office use)

Approved by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
Conditions of approval, if any

