

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED

JUN 21 2 51 PM '95

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: September 30, 1990

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

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

CAMPBELL & HEDRICK

3. Address and Telephone No.

P. O. BOX 401, MIDLAND, TEXAS 79702 915-684-4393

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

O 330FT FSL & 1650FT FEL S19-T21S-R37E
LEA COUNTY N.M.

5. Lease Designation and Serial No.
LC032591(c)

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

HARDY 5

9. API Well No.

30-02506677

10. Field and Pool, or Exploratory Area

PADDOCK & BLINEBRY OIL

11. County or Parish, State

NEW MEXICO

12. 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

(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.)

Blinebry Zone died. Swab water, Tubing Leak.
Install BOP. Pull Paddock rods and tubing.
Pull Blinebry tubing. Test and replace as necessary. Repair any other equipment not in good condition.
Run Blinebry string and latch into tbg. seal assembly.
Run Paddock tbg., pump and rods.
Swab Blinebry. Pump Paddock.
Run packer leakage test.
Work to start as soon as workover unit is available.

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

Signed [Signature] Title Operator

Date 6/20/95

(This space for Federal or State office use)

Approved by [Signature] Title [Signature]
Conditions of approval, if any.

Date 7/21/95