

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division  
P.O. Box 1980  
Hobbs, NM 88241

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

5. Lease Designation and Serial No.  
LC-032591-A

6. If Indian, Allottee or Tribe Name

**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

John H. Hendrix Corporation

3. Address and Telephone No.

P. O. Box 3040, Midland, TX 79702-3040 (915) 684-6631

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

660' FNL & 660' FEL, Sec. 21, T21S - R37E

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Elliott A No. 1

9. API Well No.

30-025-06718 06716

10. Field and Pool, or Exploratory Area

Tubb

11. County or Parish, State

Lea County, NM

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

| TYPE OF SUBMISSION                                    | TYPE OF ACTION                                   |  |
|---|--|--|
| <input type="checkbox"/> Notice of Intent             | <input type="checkbox"/> Abandonment             | <input type="checkbox"/> Change of Plans         |
| <input checked="" type="checkbox"/> Subsequent Report | <input checked="" type="checkbox"/> Recompletion | <input type="checkbox"/> New Construction        |
| <input type="checkbox"/> Final Abandonment Notice     | <input type="checkbox"/> Plugging Back           | <input type="checkbox"/> Non-Routine Fracturing  |
|   | <input type="checkbox"/> Casing Repair           | <input type="checkbox"/> Water Shut-Off          |
|   | <input type="checkbox"/> Altering Casing         | <input type="checkbox"/> Conversion to Injection |
|   | <input type="checkbox"/> Other _____             | <input type="checkbox"/> 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.)\*

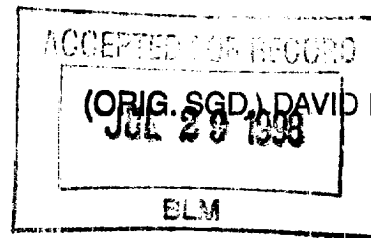
7/9/98 POH w/ rods & tbg. Set CIBP at 6350' to T.A. Drinkard

7/10/98 Perf. Tubb 6011 - 6291' & acidized w/ 2500 gals.

7/13/98 Fraced Tubb perms. w/ 174,800# of 20-40 sd. in 87,036 gals. of 50 quality foam.

7/14/98 Testing Tubb.

Well is now a Tubb oil producer.



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

Signed *Robert A. Drinkard*

Title Vice President

Date 07/17/98

(This space for Federal or State office use)

Approved by \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

Conditions of approval, if any:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

\*See Instruction on Reverse Side

JC

2A Drinkard dp

RECEIVED

1998 JUL 21 P 12:52

BUREAU OF LAND MGMT.  
WASHINGTON, D.C. 20250

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JUL 23 A 9:27

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