

Submit 3 Copies To Appropriate District Office
 District I
 1625 N. French Dr., Hobbs, NM 88240
 District II
 811 South Firm, 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 APINO 30-025-09922
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: W. E. LEE
4. Well Location Unit Letter C : 800 feet from the NORTH line and 1980 feet from the WEST line Section 20 Township 21S Range 37E NMPM LEA County LEA		8. Well No. 3
10. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. Pool name or Wildcat DRINKARD

11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/> OTHER: <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS: <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER: DHC#0032 <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.

Type of Work: DHC per Order #0032

Killed well with 75 bbl KCl water. Install BOP. Pull tbg. Pick up retrieval tool. Trip in hole to retrieve bridge plug at 6446. Trip out of hole with bridge plug. run tubing with perforations at 6531'G.L. Remove Bop. Nipple up well head and swab and flow back water.

Work completed. 5/12/2001.

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 5/15/01

Type or print name O. F. HEDRICK Telephone No. 915-684-4393
 (This space for State use)

APPROVED BY [Signature] TITLE [Signature] DATE [Signature]
 Conditions of approval, if any:

