

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.
30-025-09922

5. Indicate Type of Lease
STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

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.)

1. Type of Well:
OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. Name of Operator
CAMPBELL & HEDRICK

3. Address of Operator
P. O. BOX 401, MIDLAND, TEXAS 79702

7. Lease Name or Unit Agreement Name
W. E. LEE

8. Well No.
3

9. Pool name or Wildcat
DRINKARD

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

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: RECOMPLETE IN TUBBS ☒

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.

4/4/2001 Kill well with KCl water. Pull tubing. Install BOP. Run tbgr. with retrievable bridge plug and set at 6446 GL. Load csg and test 500 psi. OK. Acidize Drinkards perfs 6450-6604 with 2,500 gal 15% acid. Swab and test. Set tbgr plug in bridge plug at 6446. Pull tubing and perforate gross intervals 6130-6441, 25 holes.

Run tbgr and set packer at 5992. Acidize with 2500 gal 15% acid. Swab fluid and spent acid water. Unseat packer at 5992. Trip out of hole to lay down packer. Run tubing to 6400. Swab to clean up. complete 4/10/01

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE W. E. Hedrick TITLE OPERATOR DATE 04/17/01

TYPE OR PRINT NAME TELEPHONE NO.

(This space for State Use)

APPROVED BY TITLE DATE

CONDITIONS OF APPROVAL, IF ANY:

APR 18 2001

