Form 9-331
(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.
L.C. 032591 (c)

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 plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

RECEIVED
1977

1. OIL WELL X GAS WELL — OTHER

7. UNIT AGREEMENT NAME

2. NAME OF OPERATOR
CAMPBELL & HEDRICK

8. FARM OR LEASE NAME
HARDY

3. ADDRESS OF OPERATOR
P.O. Box 401, Midland, Texas 79702

9. WELL NO.
6

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
660' FSL & 1980' FEL Sec 10, T21S, R37E
NMPM Lea County, New Mexico

10. FIELD AND POOL, OR WILDCAT
DRINKARD

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
S10, T21S, R37E

14. PERMIT NO.
-

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3507 GL

12. COUNTY OR PARISH 13. STATE
LEA NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREAT XX	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CASING
SHOOT OR ACIDIZE	ABANDON*	SHOOTING OR ACIDIZING	ABANDONMENT*
REPAIR WELL	CHANGE PLANS	(Other)	
(Other)		(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

17. 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.)*

Plan to fracture treat Drinkard perforations 6617-6712 with 20,000 gal gelled brine and 25,000 lb sand down casing-tubing annular space, on receipt of approval.

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

SIGNED [signature] TITLE Partner DATE 11/3/77

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side