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OPERATOR		

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. 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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. Unit Agreement Name
2. Name of Operator Blanco Engineering, Inc.		8. Farm or Lease Name Gulf Hill
3. Address of Operator 116 North First, Artesia, New Mexico 88210		9. Well No. 5
4. Location of Well UNIT LETTER <u>S</u> <u>1650</u> FEET FROM THE <u>South</u> LINE AND <u>2310</u> FEET FROM THE <u>West</u> LINE, SECTION <u>4</u> TOWNSHIP <u>21S</u> RANGE <u>37E</u> NMPM.		10. Field and Pool, or Wildcat Drinkard
15. Elevation (Show whether DF, RT, GR, etc.) 3473 GR		12. County Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1703.

Temporarily abandoned the Drinkard Zone (6559-6714) by running Bridge Plug. Perforate and stimulate the Blinebry Zone at (5641-5913).

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

SIGNED Paul White TITLE President DATE 9/29/86

ORIGINAL SIGNED BY HERB TAYLOR  
DISTRICT SUPERVISOR

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE NOV 5 1986

CONDITIONS OF APPROVAL, IF ANY:

2A Drinkard E