NO. OF COPIES RECEIVED			Form C-103
DISTRIBUTION			Supersedes Old
SANTA FE	NEW MEXICO OIL CONSE	RVATION COMMISSION	C-102 and C-103 Effective 1-1-65
FILE			Effective 1-1-05
U.S.G.S.			5a. Indicate Type of Lease
LAND OFFICE			State 🔀 🛛 🛛 🖌 🖌 🖌 🖌 🖌 💽
OPERATOR			5. State Oil & Gas Lease No.
	·		B-1167
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.)			
	CTHER-		7. Unit Agreement Name
2. Name of Operator			3. Farm or Lease Name
John H. Hendrix			State "JG"
3. Address of Operator			9. Well Nc.
316 Central Bldg., Midland, Texas 79701			3
4. Location of Well			10, Field and Pool, or Wildcat
UNIT LETTER, 198	80 FEET FROM THE South	LINE AND 2310 FEET	FROM Langlie Matrix
THE West Line, SECTION	DN 2 TOWNSHIP 235	RANGE 36E N	мрм. (()))))))))))))))))))))))))))))))))))
15. Elevation (Show whether DF, RT, GR, etc.)			12. County
16.			
Check	Appropriate Box To Indicate Na	ature of Notice, Report or	Other Data
NOTICE OF IN	TENTION TO:	SUBSEQU	ENT REPORT OF:
i de la companya de la compan			
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON		COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENT JOB	
OTHER .		OTHER	
011ER			

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 1903.

## Workover Began on 1/27/69

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- (1) Set CIBP at 3780 and perforated w/lJSPF at 3494',3521',3522',3525', 3543',3547',3560' & 3561'
  (2) Acidized with 2500 gallons 15% LSTNE acid.
  (3) Swabbed dry after recovering 30 bbls of acid water.
  (4) On 1/29/69 fractured above interval using 20,000 lbs of 20-40 sand and 20,000 gallons lease water. Average Injection rate was 30 BPM at 1200# treasting pressure. 1200# treating pressure.
- (5) Swabbed and flowed all load water.
  (6) On 2/1/69 tested 10 BO, OBW and 384 MCF gas in 24 hrs. Test before workover 4 BO 39 BW and 50 MCFGPD.

18. I hereby certify that the information above is true and complet	e to the best of my knowledge and belief.		
SIGNED _ plungt fleng -+	TITLE Owner & Operator	DATE 2/20/6	9
APPROVED BY ACTION	SE TOWERS DISTRICT I	DATE	() 
CONDITIONS OF APPROVAL, IF ANY:			