Submit 3 Copies to Appropriate Listrict Office

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico Ener, dinerals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION		WELL API NO.
DISTRICT II	2040 Pacheco Santa Fe, l		30-025-09986
P.O. Drawer DD, Artesia, NM 88210			5. Indicate Type of Lesse STATE FEE X
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			5. State Oil & Gas Lease No.
(DO NOT USE THIS FORM FOR PRO DIFFERENT RESER	CES AND REPORTS ON WE POSALS TO DRILL OR TO DEEPER VOIR. USE "APPLICATION FOR PE 101) FOR SUCH PROPOSALS.)	OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name
1. Type of Well: OIL GAS WELL X WELL	OTHER		Brunson "C"
2. Name of Operator John H. Hendrix Co	orporation		8. Well No.
3. Address of Operator	or por a cross		9. Pool name or Wildcat
P.O. Box 3040, M	idland, Texas 797	02	Blinebry Oil & Gas
4. Well Location	0 south	1980	025+
Unit Letter : :	Feet From The South	Line and 1980	Feet From The Line
Section 3			NMPM Lea County
	10. Elevation (Show whether 3403 GR	DF, RKB, RT, GR, etc.)	
11. Check A	Appropriate Box to Indicate	Nature of Notice, Re	enort or Other Data
NOTICE OF INT			SEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	
PULL OR ALTER CASING		CASING TEST AND CE	
OTHER:Squeeze & reperfo	orate Blinebry X	OTHER:	
 Describe Proposed or Completed Operation Work) SEE RULE 1103. 	ions (Clearly state all pertinent details, a	nd give pertinent dates, includ	ling estimated date of starting any proposed
1. Set cement retainer at 5650 and squeeze Blinebry perfs 5790-5842.			
2. Drill out cement and perforate Blinebry from 5473 to 5696.			
3. Acidize and fra	ac Blinebry perfs.		
4. Well will then	be a Blinebry oil	and gas singl	e producer.
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I hereby certify that the information above is true	and complete to the best of my knowledge and	l belief.	
			dent
	. Westbrook		915 TELEPHONE NO. 684-6631
	₹ VILLIA MS		313 IELEMONE NO. 004-0031
Trim spine tot State Osc)	, CUPERVISOR		
APPROVED BY	п	TLE	DATE -