State of New Mexico

Form C-103

- Submit 3 Copies to Appropriate	Energy, Lerals and Natur	al Resources Department	Revised 1-1-89	
District Office	OIL CONSERVAT	TION DIVISION	WELL API NO.	
P.O. Box 1980, Hobbs, NM 88240	P.O. Box	ς 2088	,	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Men	tico 8/504-2088	5. Indicate Type of Lease Federal STATE FEE	
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410			6. State Oil & Gas Lease No.	,,,,,,,
at HIDDY NO.	TICES AND REPORTS ON	WELLS		
(DO NOT USE THIS FORM FOR PI	ROPOSALS TO DRILL OR TO DEI ERVOIR. USE "APPLICATION FO C-101) FOR SUCH PROPOSALS.	R PERMIT"	7. Lease Name or Unit Agreement Name Elliott B-12-2	
1. Type of Well:			HIIIOCC 2 ==	
WELL XX WELL	OTHER		8. Well No.	
2. Name of Operator	- Corporation		2	
John H. Hendri	x Corporation		9. Pool name or Wildcat	
3. Address of Operator	Suite 525, Midland	1, TX 79701	Eunice, S. San Andres	
4 Wall Location			Wort	
Unit Letter E :]	980 Feet From The Nort	h Line and 66	60 Feet From The West	_ Line
Ont Detter		276	MARINA Lea Co	unty
Section 12	Township 22S	Range 37E whether DF, RKB, RT, GR, etc.)	NMPM Lea Co	7777
	10. Elevation (Snow w	3353' DF	<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>	
	k Appropriate Box to Indi	cate Nature of Notice, I	Report, or Other Data	
II. Check	K Appropriate Box to fide	SIII	BSEQUENT REPORT OF:	
NOTICE OF I	NTENTION TO:			Г
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING	L
F	CHANGE PLANS	COMMENCE DRILLIN	IG OPNS. PLUG AND ABANDONM	ent L
TEMPORARILY ABANDON	CHANGE PEANS	<u> </u>	 1	
PULL OR ALTER CASING		CASING TEST AND	CEMENT JOB L	г
		OTHER:		L
OTHER:		_		
12. Describe Proposed or Completed Opwork) SEE RULE 1103.	perations (Clearly state all pertinent de	tails, and give pertinent dates, inc	luding estimated date of starting any proposed	
		•		
1. Squeeze S	an Andres 3912 -	3971'.		
2 Drill out	cement and CIBP	at 40/0.		
	- L AADD! 10' CO	ment.	1 holos	
4. Perforate	San Andres at 41	$54^{\circ} - 4233^{\circ} - 1$	T Hores.	
5. Acidize W	/ 8000 gals.			
6. Test.			•	
			`	•
I hereby certify that the information above is	true and complete to the best of my know	ledge and belief.		
I hereby certify that the information above i	1 11/22-las-b	mm	sident pare 7/24/90)
SIGNATURE LAnni 17	. Wall viece	mrevice-Fres	DAIR DAIR	
			TELEPHONE NO.	
TYPE OR PRINT NAME				

(This space for State Use)

AITROVED BY-

ORIGINAL SIGNIED BY JEARY SEXTON

DISTRICT I SUPERVICOR

CONDITIONS OF AFTROVAL, IF ANY: