## Submit 3 Copies to Appropriate District Office

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICTI

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P.O. Box 2088 Santa Fe, New Mexico 87504-2088	WELL API NO.	
	5. Indicate Type of Lease STATE	FEE X

P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088	WELL ATTIO.
DISTRICT II Santa Fe, New Mexico 8750- P.O. Drawer DD, Artesia, NM 88210	5. Indicate Type of Lease STATE FEE X
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	6. State Oil & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS  ( DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PL  DIFFERENT RESERVOR. USE "APPLICATION FOR PERMIT"  (FORM C-101) FOR SUCH PROPOSALS.)	UG BACK TO A  7. Lease Name or Unit Agreement Name
1. Type of Well: OIL GAS WELL X OTHER	Boyd
2. Name of Operator  John H. Hendrix Corporation	8. Well No. 2-Y
3. Address of Operator	9. Pool name or Wildcat
223 W. Wall, Suite 525, Midland, TX	79701-4519 Blinebry
4. Well Location	
Unit Letter H: 2210 Feet From The North	Line and 990 Feet From The East Line
Section 23 Township 22S Range	37E NMPM Lea County
Section 2.3 Township 22.5 Range	
<i>\(\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>	<u> </u>
11. Check Appropriate Box to Indicate Natur	re of Notice, Report, or Other Data
	SUBSEQUENT REPORT OF:
NOTICE OF INTENTION TO:	
PERFORM REMEDIAL WORK X PLUG AND ABANDON REM	MEDIAL WORK ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS CO	MMENCE DRILLING OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING CAS	SING TEST AND CEMENT JOB
OTHER: OTI	IER:
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give work) SEE RULE 1103.	pertinent dates, including estimated date of starting any proposed
<ol> <li>POH w/ tbg.</li> <li>Set RBP at 6100'.</li> <li>Squeeze Blinebry perfs. fr. 5392</li> <li>Reperforate Blilnebry from 5592 -</li> <li>Acidize and treat.</li> <li>Test Blinebry.</li> <li>POH w/ RBP.</li> <li>RIH w/ packer to isolate Blinebry</li> <li>Send test results to OCD.</li> </ol>	5750'.

I hereby certify that the inform	ustion above is true and complete to the best of my knowledge a	nd belief. TITLE
TYPE OR PRINT NAME	Ronnie H. Westbrook	(915) TELEPHONE NO.684-6631
(This space for State Use)	DV SERVIN	MAY 8 1989

DISTRICT I SUPERVISOR \_ mle -

CONDITIONS OF APPROVAL IF ANY