

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION  
2040 Pacheco St.  
Santa Fe, NM 87505

WELL API NO. 30-025-12120
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No. Fee
7. Lease Name or Unit Agreement Name Edith Butler
8. Well No. 2
9. Pool name or Wildcat Blinbry/Tubb/Brunson Drink
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3351 DF

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. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	2. Name of Operator Ernie L. Hegwer Co.
3. Address of Operator P.O. Box 1637 Hobbs, N.M. 88240	4. Well Location Unit Letter E 1980 Feet From The North Line and 660 Feet From The West Line Section 18 Township T-22-S Range R-38-E NMPM Lea County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3351 DF	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐  
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER: ☐

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Completed 8-21-98

Rig up and drill out to 6583. Per DHC order # 2075. Run 2 3/8 tubing to 6542 W seat Nipple @ 6512, run rods hang well off.

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

SIGNATURE Ernie L. Hegwer TITLE Operator DATE 9-28-98  
TYPE OR PRINT NAME Ernie L. Hegwer TELEPHONE NO. \_\_\_\_\_

(This space for State Use)

APPROVED BY ORIGINAL SIGNATURE OF CHAIRMAN WILLIAMS TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
DISTRICT SUPERVISOR

CONDITIONS OF APPROVAL, IF ANY: