

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. <u>30-025-12123</u>
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
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 PLUG BACK TO A
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:
OIL WELL ☒ GAS WELL ☐ OTHER

2. Name of Operator
ERNIE L. HECHER CO.

3. Address of Operator
P.O. Box 1637 Hobbs, N.M. 88240

4. Well Location
Unit Letter F : 1980 Feet From The FNL Line and 1980 Feet From The FWL Line

Section 18 Township T-22-S Range R-38-E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3353 D.F.

7. Lease Name or Unit Agreement Name

EDITH BUTLER

8. Well No.
#5

9. Pool name or Wildcat
PADDER/TAB/BRUNSON RES

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.

DRILLED OUT BRIDGE PLUGS @ 6050', 6390', AND 6865'. CLEAN
OUT TO T.V. OF 7100'. HAVE WELL OFF PUMPING
24 HOUR TEST.

12- OIL
25- WTR
30- MCF

D.H.C. # 2164 - 1st production 11-13-99

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

SIGNATURE Cecil Hecher TITLE OPERATOR DATE 12-14-99

TYPE OR PRINT NAME ERNIE HECHER TELEPHONE NO. 95-393-630

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

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