11.

State of New Mexico

nerals and Natural Resources Department

Form C-103 Revised 1-1-89

During Office	
DISTRICT I P.O. Box 1980, Hobbs, NM	88 2
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NICEDUATION DIVISION

TH CONS	CKYAII	NA DI ATZIC
	P.O. Box 208	88
Santa Fe	New Mexico	87504-2088

WE	ILL API NO.	
	30-02522473	
5.	Indicate Type of Lease	· [

SUBSEQUENT REPORT OF

Blinebry - Drenka

NOTICE OF INTENTION TO:

P.O. Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 STATE FEE IX 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 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: WELL WELL [] OTHER Max Gutman 2. Name of Operator & Well No. HANSON OPERATING COMPANY, INC. 3. Address of Operator 9. Pool name or Wildon Blines P. O. Box 1515, Roswell, New Mexico 88202-1515 Drkd/als & Wart 4. Well Location Unit Letter N: 640 Feet From The South _ Line and 1650 Feet From The West Line 19 22S Section 38E Township Range Lea **NMPM** County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3358RKB Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

PERFORM REMEDIAL WORK		PLUG AND ABANDON	REMEDIAL WORK	X	ALTERING CASING	
TEMPORARILY ABANDON		CHANGE PLANS	COMMENCE DRILLING OPNS.		PLUG AND ABANDO	ONMENT [
PULL OR ALTER CASING			CASING TEST AND CEMENT JOH	з 🗌		
OTHER:	<u> </u>		OTHER: Downhale Cam	riung	le DHC-3:	27 F

- 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.
 - 1). Removed packer at 5759' that isolated exsisting Drinkard perfs (6392-6963') and Granite Wash perfs (7356-7391')
 - 2). Commingled exsisting Blinebry perfs (5489-5671') w/Drinkard and Granite Wash perfs.
 - 3). The well is producing in accordance w/rule 303.C.4 under the amended Administrative order DHC-327.

I hereby certify that the forformation above is true such complete to the best of my knowled	lge and belief.	
SIGNATURE (Sa) Alnnings	Production Analyst	DATE
TYPEOR PRINT NAME Lisa I Jennings		TELEPHONE NO. 622-7330
(This space for State Use)		
APPROVED BY		— DATE
CONTROL OF TEMPONAL & VANA-		