Submit 3 Copies To Appropriate District Office District I	State of New Mexico Energy, Minerals and Natural Resources		Form C-103 Revised March 25, 1999
1625 N. French Dr., Hobbs, NM 87240			WELL API NO.
District II 811 South First, Artesia, NM 87210	Azec, NM 87410 2040 South Pacheco Santa Fe, NM 87505		30-025-22797
District III			5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410 District IV			STATE FEE
2040 South Pacheco, Santa Fe, NM 87505			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.)			 Lease Name or Unit Agreement Name:
1. Type of Well: Oil Well	Other SWD Well		BLINEBRY-DRINKARD
2. Name of Operator	Other SWD wen		8. Well No.
RICE OPERATING COMPANY			H-35
3. Address of Operator			9. Pool name or Wildcat
122 W. TAYLOR, HOBBS, NM 88240 4. Well Location			SAN ANDRES
Unit LetterHfeet from theNORTH line and233feet from the EAST line			
Section 35	Township 22S	Range 37E	NMPM LEA County
10. Elevation (Show whether DR, RKB, RT, GR, etc.)			
3293' GL			
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
			EQUENT REPORT OF:
		REMEDIAL WORK	
	NGE PLANS		
	TIPLE	CASING TEST / CE	
OTHER:		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. For Multiple Completions: Attach wellbore diagram of proposed completion			
on no on multiplicar	, Start Plat		
BD SWD Well H-35 appears to have a packer or tubing leak. This procedure is to repair and return to service.			

Rig-up on well, Unseat PKR. POOH w/ 2 7/8" IPC TBG, checking for leaks/damage. POOH w/ Pkr. Check for damage. Rig up tubing testers and GIH w/ redressed/replaced packer, 2 7/8" IPC tbg, testing tbg to 1000#. Set packer @ 3900' (Within 100' from top of open hole injection interval @ 3975'.) Rig up pump truck. Load and circulate annulus with Champion R-2264 Packer Fluid mixture. Pressure to 500#. Rig up Recorder. Perform MIT (give NMOCD at least 24 hours notice of MIT.) Return to injection. I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE Curren Dan Camus TITLE OPERATIONS ENGINEER DATE 08-23-01 Type or print name CAROLYN DORAN HAYNES Telephone No. 505-393-9174

(This space for State use)

APPPROVED BY _____ Conditions of approval, if any:

TITLE

DATE

