State of New Mexico Form C-103 Revised 1-1-89 Energy, Minerals and Natural Resources Department Submit 3 Copies to Appropriate District Office WELL API NO. OIL CONSERVATION DIVISION DISTRICTI P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088 Santa Fe, New Mexico 87504-2088 5. Indicate Type of Lease DISTRICTI FEE X P.O. Drawer DD, Artesia, NM 88210 STATE 6. State Oil & Gas Lease No. 1000 Rio Brazos Rd., Aztec, NM 87410 SUNDRY NOTICES AND REPORTS ON WELLS LDO 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.) Cossatot "B" 1. Type of Well: GAS WELL WELL X OTHER 8. Well No. 2. Name of Operator 9. Pool name or Wildcat Brunson Drinkard John H. Hendrix Corporation 3. Address of Operator & Wantz Granite Wash 223 W. Wall, Suite 525, Midland, TX Well Location South 330 Line Feet From The 990 Feet From The West Line and Unit Letter . Lea **NMPM** Range 12 Township Section 10. Elevation (Show whether DF, RKB, RT, GR, etc.) Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: ALTERING CASING REMEDIAL WORK PLUG AND ABANDON PERFORM REMEDIAL WORK PLUG AND ABANDONMENT COMMENCE DRILLING OPNS. **CHANGE PLANS** TEMPORARILY ABANDON CASING TEST AND CEMENT JOB **PULL OR ALTER CASING** DHC 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. POH w/ tbg. & seal assembly. 6/4/93 Milled over & recovered Model D pkr. at 7100'. 6/5/93 RIH w/ 2-3/8" tbg. set at 7253'. 6/7/93 Well is now DHC as per Administrative Order DHC-890.

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11 M	na above is true and complete to the best of my kno	wkdge md belle. THUE Vice-President	DATB 6/8/93
TYPE OR PRINT NAME	Ronnie H. Westbrook	k	(915) TELEPTIONE NO. 684-6631
(This space for State Use)	Orig. Signed by Paul Kautz Geologist	тпля	DATE 111N 1 A 1993

CONDITIONS OF AITTROVAL, IF ANY:

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