State of New Mexico

to Appropriate District Office	Energy, Minerals and Natural	Resources Department	Revised 1-1-89
DISTRICT I P.O. Box 1980, Hobba, NM 88240	OIL CONSERVATI P.O. Box 2	WELL API NO.	
DISTRICT II Santa Fe. New Mo			30-025-24245
P.O. Drawer DD, Artesia, NM 88210			5. Indicate Type of Lease STATE FEE X
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No.
SUNDRY NOTE	CES AND REPORTS ON WI	ELLS	
(DO NOT USE THIS FORM FOR PRODIFFERENT RESER	PPOSALS TO DRILL OR TO DEEPE VOIR. USE "APPLICATION FOR P	EN OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name
1. Type of Well:	101) FOR SUCH PROPOSALS.)		Cossatot "E"
OEL X WELL OAS	OTHER		
2. Name of Operator			8. Well No.
John H. Hendrix	Corporation	·	1
3. Address of Operator		70701	9. Pool name or Wildcat S. Brunson-Drinkard-Abo &
4. Well Location	te 525, Midland, T	rx 79701	Wantz Granite Wash
	O Feet From The South	Line and 330	
Unit Letter : OU	U Fee From The South	Die and	Feet From The WEST Line
Section 13	Township 22S F		NMPM Lea County
Charle A	nnropriate Por to Indicate	Nature of Nation De	want on Other Date
NOTICE OF INT	appropriate Box to Indicate ENTION TO:		SEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	
PULL OR ALTER CASING		CASING TEST AND CEN	MENT JOB
OTHER:		OTHER: DHC	X
 Describe Proposed or Completed Operation work) SEE RULE 1103. 	xns (Clearly state all pertinent details, a	ind give pertinent dates, includi	ng estimated date of starting any proposed
7/1/94 POH w/ r	ods & tha		
-	ver & recovered pa	cker at 7110'.	_
	bg. and rods.		
Well is	now DHC as per ord	ler No. 990.	
_			
I hereby certify that the information above is true ar	nd complete to the heat of my knowledge and	helief	
SIGNATURE COMMING H.	West had	Vias Drogi	ident DATE 7/25/94
TYTEOR PRINT NAME ROnnie H.	Westbrook		(915) 684-663
(This space for State Use)		Color of C	Sel Sign
4 Deep Country in V			ASSIST
CONTITIONS OF A PERSON ALL PLANY.	m	LC	DATE 13.
CONDITIONS OF AFTROVAL, IF ANY:			

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