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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>

5. 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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. Unit Agreement Name	
2. Name of Operator John H. Hendrix		8. Farm or Lease Name Cossatot "G"	
3. Address of Operator 403 Wall Towers West, Midland, Texas 79701		9. Well No. 1	
4. Location of Well UNIT LETTER <u>F</u> , <u>2310</u> FEET FROM THE <u>North</u> LINE AND <u>1650</u> FEET FROM THE <u>West</u> LINE, SECTION <u>13</u> TOWNSHIP <u>22-S</u> RANGE <u>37-E</u> N.M.P.M.		10. Field and Pool, or Wildcat Drinkard	
15. Elevation (Show whether DF, RT, GR, etc.) 3315' GL		12. County Lea	

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input type="checkbox"/>

17. 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. Rig up X-Perit Well Service pulling unit.
2. Run tubing and set retrievable bridge plug @ 7050'.
3. Spot acid (450 gals.) 15% LSTNE acid. Pull tubing.
4. Have GO International perforate @ 6641', 6671', 6701', 6747', 6766', 6785', 6798', 6822', 6839', 6866', 6899', 6985' and 7014' with 1 3/8" Dia jet per interval.
5. Acidize 7000 gals. 15% LSTNE acid.
6. Swab to test well.

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

SIGNED Paula Jendleton TITLE Accountant DATE 5-16-73

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: