NO. OF COPIES RECEIVED		Form C-103 Supersedes Old
DISTRIBUTION		C-102 and C-103
SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION	Effective 1-1-65
FILE	<del>-  </del>	5a. Indicate Type of Lease
U.S.G.S.	<del>-   -  </del>	State Fee X
LAND OFFICE		
OPERATOR	<u></u> _	5. State Oil & Gas Lease No.
(DO NOT USE THIS FORM	SUNDRY NOTICES AND REPORTS ON WELLS FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. PPLICATION FOR PERMIT - " (FORM C-101) FOR SUCH PROPOSALS.)	7. Unit Agreement Name
OIL X GAS WELL	OTHER-	
2. Name of Operator		8. Farm or Lease Name
John H. Hendr:	x	Cossatot "H" 9. Well No.
403 Wall Tower	s West, Midland, Texas 79701	1
4. Location of Well		10. Field and Pool, or Wildcat
UNIT LETTERL	. 2310 FEET FROM THE South LINE AND 330 FEET	FROM Drinkard
THE West LIN	e, section 13 township 22-S RANGE 37-E	NMPM.
	TTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTT	
	15. Elevation (Show whether DF, RT, GR, etc.)	12. County
<u>ČIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII</u>	3340' DF	Lea \\\\\\\
	theck Appropriate Box To Indicate Nature of Notice, Report of Subseq	or Other Data UENT REPORT OF:
PERFORM REMEDIAL WORK X	PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS CASING TEST AND CEMENT JOB	
PULL OR ALTER CASING	OTHER	
OTHER		
17. Describe Proposed or Compwork) SEE RULE 1103.	leted Operations (Clearly state all pertinent details, and give pertinent dates, inc	luding estimated date of starting any proposed
1. Rig up Well	Service pulling unit.	
2. Run tubing a	and set retrievable bridge plug @ 7000'.	
3. Spot 450 ga	lons of 15% LSTNE acid. Pull tubing.	
4. Perforate @	6616', 6652', 6673', 6710', 6728', 6747', 6765', 6848', 6859', 6870', 6892', 6919', 6936', 6955', 3/8" jet per interval.	
5. Acidize with	8450 galons 15% LSTNE acid.	
6. Swab to test	well.	
18. I hereby certify that the inf	ormation above is true and complete to the best of my knowledge and belief.	
18. I hereby certify that the inf	ormation above is true and complete to the best of my knowledge and belief.	
18. I hereby certify that the inf	ormation above is true and complete to the best of my knowledge and belief.  Accountant	DATE 6-11-73

CONTRACTOR OF LODGOVAL IF ANY