

NEW MEXICO OIL CONSERVATION COMMISSION

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

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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease	
State ☐	Fed. ☒
5. State Oil & Gas Lease No.	
7. Unit Agreement Name	
8. Farm or Lease Name	
Cossatot "H"	
9. Well No.	
1	
10. Field and Pool, or Wildcat	
E. Brunson Granite Wash	
12. County	
Lea	

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 ☒ GAS WELL ☐ OTHER ☐
2. Name of Operator
John H. Hendrix
3. Address of Operator
403 Wall Towers West, Midland, Texas 79701
4. Location of Well
UNIT LETTER <u>L</u> , <u>2310</u> FEET FROM THE <u>South</u> LINE AND <u>330</u> FEET FROM THE <u>West</u> LINE, SECTION <u>13</u> TOWNSHIP <u>22-S</u> RANGE <u>37-E</u> NMPM.
15. Elevation (Show whether DF, RT, GR, etc.)
3340' DF

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐
PULL OR ALTER CASING ☐	OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐	ALTERING CASING ☐
COMMENCE DRILLING OPS. ☐	PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOBS ☒	OTHER ☐

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 1703.

- Reached TD of 7430' on May 9, 1973.
- Ran 208 jts. of 5-1/2" 17# - 24# production casing set @ 7430'.
- Cemented with 135 sacks Halliburton light and 500 sacks 50-50 Pozmix with 8# salt per sack. Plug down @ 4:00 p.m. 5-9-73.
- West Engineering ran temperature survey and found cement top @ 3575'.
- Waited 18 hours - tested cement to 1000# - tested ok.

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

SIGNED Paula J. Henderson TITLE Accountant DATE 5-11-73

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: