NO. OF COPIES RECEIVED					Form C-103		
DISTRIBUTION					Supersedes Old C-102 and C-103		
ANTA FE NEW MEXICO OIL CONSERVATION COMMISSION					Effective 1-1		
FILE	_					· - · · - ·	
U.S.G.S.			ŕ		5a. Indicate Typ		
LAND OFFICE					State		, <u>X</u>
OPERATOR					5, State Oil & G	as 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. LISE "APPLICATION FOR PERMIT —" (FORM C-101) FOR SUCH PROPOSALS.)							
I. OIL X GAS WELL	OTHER•				7. Unit Agreeme:	nt Name	
2. Name of Operator					8. Farm or Lease	e Name	
John H. Hendrix 3. Address of Operator					Cossatot "H"		
403 Wall Towers West, Midland, Texas 79701					1		
4. Location of Well					10. Field and Pool, or Wildcat		
UNIT LETTERL,	2310 FEET FROM	A THESouth	LINE AND330	FEET FROM	E. Brunson	Granite	Wash
THE West LINE, SECT	TION13	OWNSHIP 22-	S RANGE 37	-E NMPM.			
							7777
	15. Eleva		DF, RT, GR, etc.)		12. County		
ÖMMANIA	7/////		O'DF		Lea	<u> </u>	7777
	: Appropriate Box INTENTION TO:	To Indicate N	Nature of Notice, I	=	ner Data REPORT OF:		
						•	[
PERFORM REMEDIAL WORK TEMPORARILY ABANDON	PLUG	AND ABANDON	REMEDIAL WORK COMMENCE DRILLING OF			ING CASING	H
PULL OR ALTER CASING	CHAN	IGE PLANS	CASING TEST AND CEME		PLUG /	AND ABANDONMEN	'' []
			OTHER				
OTHER						• • • • • • • • • • • • • • • • • • • •	
17. Describe Proposed or Completed (Charations (Clearly sta	te all pertinent det	ails and aine pertinent	datas ingludina	actimated data of		
work) SEE RULE 1103.	Sperations (Greatly sta	te dit pertinent den	ius, and give pertinent	autes, including	estimated date of	starting any pro	poseu
1. Robinson Bros. s	pudded 7:00 a.	.m. 4-20-73.					
2. Drilled 11" hole	to 1166' in <i>P</i>	unhydrite.					
3. Ran 37 joints of	8 5/8" 24# su	ırface casin	g set @ 1165'.				
4. Halliburton ceme Class H w/2% sal	nted with 200 t. Plug down	sacks Class @ 9:05 a.m.	H cement w/4% 4-21-73.	gel & 2%	salt & 250	sacks	
5. W.O.C. 18 hrs.	Pressure teste	ed casing to	1000#. Teste	d ok.			
			•				
18. I hereby certify that the information	n above is true and cor	uplete to the best of	f my knowledge and bel	ief.			
	\						
SIGNED Fauld	and let on	TITLE	Accountant		DATE4	-23-73	
C	 						
^_	,						

CONDITIONS OF APPROVAL, IF ANY: