

Submit to Appropriate
District Office
State Lease - 6 copies
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DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-101
Revised 1-1-89

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK					
1a. Type of Work: DRILL <input type="checkbox"/> RE-ENTER <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input checked="" type="checkbox"/>					
b. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> SINGLE ZONE <input checked="" type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>					
2. Name of Operator John H. Hendrix Corporation					
3. Address of Operator 223 W. Wall, Suite 525, Midland, TX 79701					
4. Well Location Unit Letter <u>L</u> : <u>2310</u> Feet From The <u>South</u> Line and <u>990</u> Feet From The <u>West</u> Line Section <u>12</u> Township <u>22S</u> Range <u>37E</u> NMFM <u>Lea</u> County					
10. Proposed Depth 6200' PBD		11. Formation Blinebry		12. Rotary or C.T. -	
13. Elevations (Show whether DF, RT, GR, etc.) 3341' Gr.		14. Kind & Status Plug. Bond Blanket		15. Drilling Contractor -	
16. Approx. Date Work will start ASAP					
17. PROPOSED CASING AND CEMENT PROGRAM					
SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP

1. Set RBP at 6200' to T.A. DHC Brunson Drinkard Abo, South and Wantz Granite Wash.
2. Spot acid and perforate Blinebry 5420' - 5600'.
3. Acidize perforations.
4. Test well.

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

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

SIGNATURE Ronnie H. Westbrook TITLE Vice-President DATE Oct. 6, 1992

TYPE OR PRINT NAME Ronnie H. Westbrook (915) TELEPHONE NO. 684-6631

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON

APPROVED BY JERRY SEXTON TITLE DATE

CONDITIONS OF APPROVAL, IF ANY:

Production from Blinebry Pro gas subject to N.M.

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WELL LOCATION AND ACREAGE DEDICATION PLAT

All Distances must be from the outer boundaries of the section

Operator John H. Hendrix Corporation		Lease Hinton		Well No. 13
Unit Letter L	Section 12	Township 22S	Range 37E	County NMPM Lea
Actual Footage Location of Well:				
2310 feet from the South line and		990	feet from the West line	
Ground level Elev. 3341'	Producing Formation Blinebry	Pool Blinebry Gas	Dedicated Acreage: 160 Acres	

1. Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.
 2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
 3. If more than one lease of different ownership is dedicated to the well, have the interest of all owners been consolidated by communitization, unitization, force-pooling, etc.?
☐ Yes ☐ No If answer is "yes" type of consolidation _____
 If answer is "no" list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary). _____
 No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interest, has been approved by the Division.

#13			

OPERATOR CERTIFICATION

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

Signature _____

Signature Rennie H. Westbrook

Printed Name _____

Ronnie H. Westbrook

Position

Vice-President

Company

John H. Hendrix Corporati

Date _____

October 6, 1992

SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed _____

Signature & Seal of
Professional Surveyor

Certificate No.

