. C COPIES RECEIVED				Form C-103	
TRIBUTION					
√T \ FE	NEW MEX	ICO OIL CONSERVATIO	ON COMMISSION	C-102 and C-103 Effective 1-1-65	
FILE				Titecitae 1-1-02	
U.S.G.S.				5a. Indicate Type of L	ease
LAND OFFICE				State	Fee 🏝
OPERATOR				5. State Oil & Gas Le	
(DO NOT USE THIS FORM FO USE "APPL	NDRY NOTICES AND R PROPOSALS TO DRILL OR TO D	REPORTS ON WELLS DEEPEN OR PLUG BACK TO A D M C-101) FOR SUCH PROPOSA	DIFFERENT RESERVOIR.		
OIL AS WELL WELL	OTHER•			7. Unit Agreement Nam	me
2. Name of Operator  John H. Hendrix				8. Farm or Lease Nam Steeler	ne
3. Address of Operator				9. Well No.	
403 Wall Towers,	West, Midland, Te	xas 79701		1	
4. Location of Well  UNIT LETTER	990	South	1980	10. Field and Pool, or Langlie-Mat	Wildcat
East	19	23		<i>'''''''''''''''''''''''''''''''''''''</i>	anna.
	ECTION TOW	NSHIPRAN	37 NGENMP	M/M/MM	
	15. Elevation	n (Show whether DF, RT, G	CR etc.)	12. County	444444
		3222.5' GL	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Lea	
16. Che	ck Appropriate Box To	o Indicate Nature of	f Notice Report or C	Other Date	71111111
NOTICE O	FINTENTION TO:			NT REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AN	ID ABANDON REMEDIAL	L WORK	ALTERING CA	ASING T
TEMPORARILY ABANDON		COMMENC	E DRILLING OPNS.	PLUG AND AB	<del></del>
PULL OR ALTER CASING	CHANGE	PLANS CASING T	EST AND CEMENT JOB		
		OTHER	·		
OTHER					
17. Describe Proposed or Complete work) SEE RULE 1103.	d Operations (Clearly state a	ill pertinent details, and gi	ive pertinent dates, includi	ng estimated date of startiv	ng any propose
,					·g -···) proposec
1. TD @ 3700'. H	Ran 115 jts. 5-1/2	2" casing set @ :	3689; 15.5# & 14	# casing.	
2. Cemented w/235	5 sxs. 50-50 Pozmi	ix w/8# salt.			
3. Plug down @ 4	a.m. MST 1-6-74.				
4. WOC 18 hrs. T	Tested casing to 8	300#.			
		•			
8. I hereby certify that the informat	tion above is true and comple	ete to the best of my know!	edge and helief		
10			Po with Detter!		
IGNED Marlene	W med	Product	tion Clerk	1-7-74	4
J y week	<del></del>	1   1   E.		DATE	
	्ि ि ीलक्ष्री <b>by</b>				
PPROVED BY	in the state of th	TITLE		DATE	20 20 20 4

CONDITIONS OF APPROVAL, IF ANY: