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NEW MEXICO OIL CONSERVATION COMMISSION

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

5a. Indicate Type of Lease
State <input checked="" type="checkbox"/> Free <input type="checkbox"/>
5. State Oil & Gas Lease No.
B-1559

SUNDRY NOTICES AND REPORTS ON WELLS <small>(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL, REDEVELOP OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT TO DRILL" (FORM C-101) FOR SUCH PROPOSALS.)</small>	
1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-	7. Unit Agreement Name
2. Name of Operator	8. Farm or Lease Name
Amerada Hess Corporation	State "L"
3. Address of Operator	9. Well No.
Drawer "D", Monument, New Mexico 88265	2
4. Location of Well	10. Field and Pool, or Well at
5. <u>F</u> <u>1980</u> FEET FROM THE <u>North</u> LINE AND <u>1960</u> FEET FROM <u>West</u> LINE, SECTION <u>20</u> TOWNSHIP <u>19-S</u> RANGE <u>37-E</u> NMPM.	Eunice-Monument (C-SA)
11. Elevation (Show whether DF, RT, GR, etc.)	12. County
	Lea

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOBS <input type="checkbox"/>	
OTHER <input type="checkbox"/>	

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 1103.

Plan to: Pull production equipment. Run bit, clean out OH from 3866' to 3950'.
Selectively perforate OH from 3866' to 3950'. Run tbgs. and treating packer,
acidize with 7,000 gals. 15% NE acid. Swab back load. Pull tbgs. and packer,
run production equipment and resume production.

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

SIGNED MP Black TITLE Supver., Admin. Services DATE 9-18-75

Signed By
John Runyan
Geologist

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: