State of New Mexico

Energ

Re-activate production.

inerals and Natural Resources Departme.

Form C-103 Revised 1-1-89

DISTRICT I

P.O. Box 1980, Hobbs, NM 88241

OTHER:

OIL CONSERVATION DIVISION

2040	Pac	chec	o S	it.
Santa	Fα	NM	875	รดร

ELL	API	NO.	
			30-025-05

668

DISTRICT II	Santa Fe	, NM 87505	5. Indicate Type of Lease STATE F	EE 🗌
.O. Box Drawer DD, Artesia, NM 882	10			
DISTRICT III	_		6. State Oil / Gas Lease No. B-1651-9	,
000 Rio Brazos Rd., Aztec, NM 87410)		MANUFACTURE STATE OF THE STATE	Standard America
(DO NOT USE THIS FORM FOR PF	NOTICES AND REPORTS ON WELLS OPOSALS TO DRILL OR TO DEEPEN OF ESERVOIR. USE "APPLICATION FOR PI ORM C-101) FOR SUCH PROPOSALS.)	R PLUG BACK TO A ERMIT"	7. Lease Name or Unit Agreement Nar North Monument G/SA Unit Blk. 6	ne
1. Type of Well OIL WELL	GAS OTHER			
2. Name of Operator	erada Hess Corporation		8. Well No.	
3. Address of Operator P.C). Box 840, Seminole, TX 79360		9. Pool Name or Wildcat Eunice Monument G/SA	
4. Well Location Unit LetterD	: 660 Feet From The	North Line and 660	Feet From The West Line	
Section 20	Township 19S	Range <u>37E</u>	NMPM Lea COUNTY	
nt repaired spices	10. Elevation (Show whether E	OF, RKB, RT,GR, etc.)		
11. Ch	eck Appropriate Box to Indic	ate Nature of Notice, R	leport, or Other Data	
NOTICE OF INTE	NTION TO:	SI	UBSEQUENT REPORT OF:	
_	PLUG AND ABANDON CHANGE PLANS	REMEDIAL WORK COMMENCE DRILLING OP	ALTERING CASING PERATIONS PLUG AND ABANDONMENT	
PULL OR ALTER CASING		CASING TEST AND CEME	NT JOB	

Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of 12. starting any proposed work) SEE RULE 1103.

Plan to MIRU pulling unit. Remove wellhead, install BOP & TOH w/prod. eqpt. TIH & drill out plug to 3973'. Dump cement & plug back OH to 3915'. Swab well to determine inflow. If San Andres comminication exist, TA well for future use. If not, perforate fr. 3830' - 3867' w/4" csg. gun w/2 SPF. Acidize perfs. fr. 3830' - 3867' & O.H. fr. 3867' - 3910' w/3200 gal. 15% HCL acid. Swab well. TIH w/prod. eqpt. & begin prod. well.

I hereby certify that the information above is my and complete to the best of my	knowledge and belief.	Svc. Spec. 11	DATE	10/12/2001
TYPE OR PRINT NAME Roy L. Wheeler, Jr.			TELEPHONE NO.	915-758-6778
(This space for State Use)	TITLE		DATE	
APPROVED BYCONDITIONS OF APPROVAL, IF ANY:				DeSoto 2000 1.0



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