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NEW MEXICO OIL CONSERVATION COMMISSION

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

SUNDARY NOTICES AND REPORTS ON WELLS

DO NOT USE THIS FORM FOR OPERATIONS TO ABANDON OR TO RE-ENTER OR RE-LEASE TO A DIFFERENT RESERVOIR. USE APPLICATION FOR PERMIT TO ABANDON C-101, FOR C-102, FOR C-103.

OIL WELL ☒ GAS WELL ☐ OTHER ☐

Name of Operator
Amerada Hess Corporation

Address of Operator
Drawer D, Monument, New Mexico 88265

Location of Well
UNIT LETTER F 1980 FEET FROM THE North LINE AND 1980 FEET FROM
THE West LINE, SECTION 29 TOWNSHIP 19S RANGE 37E N.M.P.M.

13. Elevation (Show whether DF, RT, GR, etc.)
3617 DF

50. Indicate Type of Lease
State ☒ Fee ☐

5. State Oil & Gas Lease No.
B 4096

7. Unit Agreement Name

8. Form of Lease Name
State "K"

9. Well No.
1

10. Field and Pool, or Wildcat
Monument - G/SA

12. County
Lea

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☒	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPS. ☐	PLUG AND ABANDONMENT ☐
WELL OR ALTER CASING ☐		CASING TEST AND CEMENT JOBS ☐	
OTHER ☐		OTHER ☐	

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.

June 1978

Pulled rods, pump and tubing. Checked top of fill in open hole at 3864'. Perf. Grayburg San Andres zone in open hole w/one glass jet shot at 3820'; 3822'; 3823'; 3824'; 3825'; 3833'; 3835'; 3837'; 3839'; 3841'; 3843'; 3846'; 3848'; 3856'; and 3860'. Re-ran tubing pump and rods. Acidized G/SA zone in open hole from 3815' to 3880' w/5000 gal. 15% NE acid in stages. Swabbed load, re-ran pump and rods and resumed production.

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

WTD. E. B. Fisher TITLE Supv. Adm. Ser. DATE September 7, 1978

ORIG. SIGNED BY Jerry Seaton DATE SEP 11 1978

ADDITIONS OF APPROVAL, IF ANY, BY Dist. L. Supv. TITLE _____ DATE _____