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LAND OFFICE		
OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103  
Supersedes Old  
C-102 and C-103  
Effective 1-1-85

5a. Indicate Type of Lease  
State  Fee   
5. State Oil & Gas Lease No.  
B-4096

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/>	7. Unit Agreement Name:
2. Name of Operator Amerada Hess Corporation	8. Farm or Lease Name State "K"
3. Address of Operator Drawer "D", Monument, New Mexico 88265	9. Well No. 2
4. Location of Well UNIT LETTER <u>C</u> <u>660</u> FEET FROM THE <u>North</u> LINE AND <u>1980</u> FEET FROM THE <u>West</u> LINE, SECTION <u>29</u> TOWNSHIP <u>19-S</u> RANGE <u>37-E</u> NMPM.	10. Field and Pool, or Wildcat Eunice-Monument (G-SA)
15. Elevation (Show whether DF, RT, GR, etc.) 3635' DF	12. County Lea

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

<p>NOTICE OF INTENTION TO:</p> <p>PERFORM REMEDIAL WORK <input type="checkbox"/></p> <p>TEMPORARILY ABANDON <input type="checkbox"/></p> <p>PULL OR ALTER CASING <input type="checkbox"/></p> <p>OTHER <input type="checkbox"/></p>	<p>SUBSEQUENT REPORT OF:</p> <p>PLUG AND ABANDON <input type="checkbox"/></p> <p>CHANGE PLANS <input type="checkbox"/></p> <p>REMEDIAL WORK <input checked="" type="checkbox"/></p> <p>COMMENCE DRILLING OPNS. <input type="checkbox"/></p> <p>CASING TEST AND CEMENT JOBS <input type="checkbox"/></p> <p>OTHER <input type="checkbox"/></p> <p>ALTERING CASING <input type="checkbox"/></p> <p>PLUG AND ABANDONMENT <input type="checkbox"/></p>
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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.

Pulled rods, pump and tubing. Reran tubing with packer. Acidized OH 3824' to 3948' with 2000 gals. 15% NE acid w/200# 50/50 BAF & Rock salt and 110 gals. Scale inhibitor. Swab tested. Pulled tubing. Reran production equipment and resumed pumping. No change in status.

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

SIGNED [Signature] TITLE Supver., Admin. Services DATE 9-11-74

APPROVED BY [Signature] TITLE \_\_\_\_\_ DATE 9-1974

CONDITIONS OF APPROVAL, IF ANY: