Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT I OIL CONSERVATION DIVISION WELL API NO. P.O. Box 1980, Hobbs NM 88241-1980 P.O. Box 2088 30-025-05881 DISTRICT II Santa Fe, New Mexico 87504-2088 5. Indicate Type of Lease P.O. Drawer DD, Artesia, NM 88210 FEE X STATE DISTRICT III 6. State Oil & Gas Lease No. 1000 Rio Brazos Rd., Aztec, NM 87410 SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: J. W. Cooper "F" GAS WELL X WELL | OTHER 2. Name of Operator 8. Well No. Amerada Hess Corporation 9. Pool name or Wildcat 3. Address of Operator Monument, NM 88265 Eumont Yates 7RQ P. O. Drawer D, 4. Well Location 330 330 North West Unit Letter Feet From The Line and Feet From The Line 37E Lea **NMPM** Section Township Range County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 11. 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 ALTERING CASING REMEDIAL WORK COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT TEMPORARILY ABANDON **CHANGE PLANS** CASING TEST AND CEMENT JOB **PULL OR ALTER CASING** X Squeeze Eumont Perfs OTHER: OTHER: 12. 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 MIRU pulling unit, remove wellhead, install BOP & TOH w/tbg. TIH w/7" pkr. & est. inj. rate. TIH w/7" cement retainer & set at +/- 2900' & squeeze perfs. approx. 200 sks. Class "C" cement w/2% CACL. WOC. TIH w/6-1/8" bit & drill out cement retainer & cement. Press. test csg. to 500#. TIH w/prod. egpt. RDPU, clean location & close well in for evaluation. I hereby certify that the information above is true and complete to the best of my knowledge and belief. TITLE Admin. Svc. Coord. 4-10-96 SIGNATURE DATE TYPE OR PRINT NAME R TELEPHONE NO. 505 393-2144 (This space for State Use) GARY W. WINK

FIELD REPRESENTATIVE II

CONDITIONS OF APPROVAL, IF ANY

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

Sime of new de Energy, Minerals and Natural Resources Department

Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION P.O. Box 2088

DISTRICT III
1000 Rio Brazos Rd., Aziec, NM 87410

DISTRICT II
P.O. Drawer DD. Astonia, NM 83210

Santa Fe, New Mexico 87504-2088

Rio Brazos Rd., Aziec, NM 87410	REQU	EST FO	RAL	LOWABL	E AND AL		TIZA BAS	ION						
TO TRANSPORT OIL AND NATURAL G							<u></u>	Well API No.						
MERADA HESS CORPORATION								3002505881						
ress														
DRAWER D, MONUMENT, I	NEM WEX	100 88	3265		Other	(Please e	aplain)							
son(s) for Filing (Check proper box)		Change in	Тгальяро	rter of:	_		-							
v Well U	Oil	Ē	Dry Ge					1 (01						
inge in Operator	Casinghos	d Cas - 🔯	Conde	sate 🗌	EFFE	CTIVE	11/	1/91						
sees of operator give name														
address of previous operator	ANDIE	ACE												
DESCRIPTION OF WELL	Well No. Pool Name, Including F								Lease	deral or Fee				
J.W. COOPER "F"		2 EUMONT YATI								Mai di Ni				
catios				N	ODTH		330		r The	WEST	Line			
Unit Letter	_ :330		_ Feet P	rom The $\frac{10}{37}$	ORTH Line	and	330	Fee	From The _					
Section 3 Toward	in 2		Range	سفعد	, NI	ирм,	L	EA			County			
<u> Jequa</u>														
I. DESIGNATION OF TRA	NSPORTI	ER OF O	IL AN	ID NATUE	RAL GAS	e address	to whice	h approved	copy of this fo	um is to be se	u)			
ame of Authorized Transporter of Oil		or Coade	DIEC.											
of Authorized Transporter of Casi	ne of Authorized Transporter of Casinghead Gas or Dry Gas					Address (Give address to which approved copy of this form is to be sent) 76 1ST CITY BANK TOWER, 201 MAIN, FT, WOR								
SID RICHARDSON					1ST	CITY	<u>BANK</u>	TOWER.	201 MA	IN, Fla	WUKIT			
well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	ls gas actual	y connect	ea?	Wiles	•					
ve location of tanks. this production is commingled with the		ther lease o	 r pool. 6	rive comming	ing order built	ber:								
this production is constantified with the completion DATA	m Hom any C	40, 1000	. p,			<u> </u>				1	Diff Res'v			
		Oil We	ıı	Gas Well	New Well	Worko	ver	Deepen	Plug Back	Same Res'v	piii kesv			
Designate Type of Completion	n - (X)				Total Depth	1	i		P.B.T.D.	1	_1			
ate Spudded	Date Co	Date Compl. Ready to Prod.												
levations (DF, RKB, RT, GR, etc.)	rations (DF. RKB. RT. GR. etc.) Name of Producing Formation			Top Oil/Gas Pay				Tubing De	Tubing Depth					
VALUOUS (DE) PARDY NOT THE PARTY NAMED IN THE PARTY								Dereh Casi	Depth Casing Shoe					
erforations										79 circ				
		TUDIN	G CA	SING AND	CEMENT	ING RE	COR	D						
1101 F 017F	TUBING, CASING AND CASING & TUBING SIZE			DEPTH SET					SACKS CEMENT					
HOLE SIZE		CASING & TOBING OILL												
V. TEST DATA AND REQU	IEST FOI	RALLO	WARI	Æ										
V. TEST DATA AND REQU OIL WELL (Test must be af	er recovery	of total volu	me of lo	ad oil and mu	si be equal to	or exceed	top all	owable for to	his depth or b	e for full 24 h	purs.)			
Date First New Oil Run To Tank	Date of				Producing	Method (Flow, p	ump, gas lift	, etc.)					
		D			Casing Pressure				Choke Si	Choke Size				
Length of Test	Tubing	Pressure								- Nor				
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.				Gas- MC	Gas- MCF					
GAS WELL	-						H 124		TOA SIE	of Condensate				
			Length of Test			Bbls. Condensate/MMCF			Gravity of Contract					
Actual Prod. Test - MCF/D	Lengu	of Test			DOIS . GOO									
Actual Prod. Test - MCF/D			(Shut-in)			essure (Si	rut-in)		Choke S	ize				
		of Test	(Shut-in)			essure (SI	ruit-in)		Choke S	ize				
Actual Prod. Test - MCF/D Testing Method (pitot, back pr.)	Tubin	g Pressure (NCED			ION.			
Actual Prod. Test - MCF/D Testing Method (pitot, back pr.) VI. OPERATOR CERTI Learney certify that the rules and	Tubin FICATE regulations of	g Pressure (OF CO of the Oil Co	MPL onservat	IANCE				NSER	VATIO	N DIVIS				
Actual Prod. Test - MCF/D Testing Method (pitot, back pr.) VI. OPERATOR CERTI Thereby certify that the rules and Division have been complied will	FICATE regulations of and that the	of the Oil Co	MPL onservati n given	IANCE	Casing Pi	OIL	CO		VATIO					
Actual Prod. Test - MCF/D Testing Method (pitot, back pr.) VI. OPERATOR CERTI I hereby certify that the rules and Division have been complied with is true and complete to the best of	Tubin FICATE regulations of and that the	of the Oil Co	MPL onservati n given	IANCE	Casing Pi	OIL	CO	NSER	VATIO	N DIVIS				
Actual Prod. Test - MCF/D Testing Method (pitot, back pr.) VI. OPERATOR CERTI I hereby certify that the rules and Division have been complied with is true and complete to the best of	Tubin FICATE regulations of and that the	of the Oil Co	MPL onservati n given	IANCE	Casing Pr	OIL ate Ap	CO	red	VATIO	N DIVIS				
Actual Prod. Test - MCF/D Testing Method (pitot, back pr.) VI. OPERATOR CERTI I hereby certify that the rules and Division have been complied with is true and complete to the best of	Tubin FICATE regulations of and that the	OF CO of the Oil Co information	MPL onservati n given ief.	IANCE ion above	Casing Pr	OIL ate Ap	CO	red	VATIO	N DIVIS				
Actual Prod. Test - MCF/D Testing Method (pitot, back pr.) VI. OPERATOR CERTI I hereby certify that the rules and Division have been complied will is true and complete to the best of Signature CINDY ROBERTSON	Tubin FICATE regulations of and that the	OF CO of the Oil Co information inge and beli	MPL onservation gives i.ef.	IANCE ion above	Casing Pr	OIL ate Ap	CO	red	VATIO	N DIVIS	The state of the s			
Actual Prod. Test - MCF/D Testing Method (pitot, back pr.) VI. OPERATOR CERTI I hereby certify that the rules and Division have been complied with is true and complete to the best of	Tubin FICATE regulations of and that the	OF CO of the Oil Co information inge and beli	MPL: onservation given itef. ST/ -393	IANCE ion above	Casing Pr	OIL ate Ap	CO	red	VATIO	N DIVIS	The state of the s			

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

ATT DO, Andre NON 12210

THE BRIDGE RA, AREK, NO. 17410

OIL CONSEPVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

AMERADA HESS CORPORATI	ON			7 641 6	30.02	5-058	181	
Address Drawer D, Monument, NM	88265							
	Change in Tra Oil Dr Casinghead Gas Co	y Gas 🗌 nden sale 📗	AMERADA HESS TOOK OVER OPI	CORPORAT ERATION 9,		CALLY		
and address of previous operator	om Oil Co., P.(0. Box 147	, Hobbs, NM 88	3240				
II. DESCRIPTION OF WELL A Lease Name J.W. Cooper "F" Leasion	Well Na Po	ol Name, Including	=		of Lease Federal or Fee	La	æ Na	
Unit LetterD	222	et From TheN		30 F e	et From The	West	Line	
				Lea			County	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	or Condensati		RAL GAS Address (Give address to	which approved	copy of this for	m ù to be sen	<i>y</i>)	
Name of Authorized Transporter of Casing El Paso Natural Gas Co	phead Gas or ompany	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1492, El Paso, Texas 79978						
If well produces oil or liquids, give location of tanks.	of unks D 3 20S 37E Yes							
If this production is commingled with that IV. COMPLETION DATA	from any other lease or poo	a, give comming	ing order number.					
Designate Type of Completion	- (X)	Gas Well	New Well Workove	Deepen	Plug Back S	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Pr	rod.	Total Depth		P.B.T.D.		J	
Elevations (D.F., RKB, RT, GR, etc.)	evations (D.F., RKB, RT, GR, etc.) Name of Producing Formation				Tubing Depth			
Perforations	<u> </u>	<u> </u>		Depth Casing Shoe				
	TUBING, C	ASING AND	CEMENTING REC	ORD				
HOLE SIZE	CASING & TUB	NG SIZE	DEPTH S	εī	S	SACKS CEMENT		
V. TEST DATA AND REQUES								
Oll WELL (Test must be after) Date First New Oil Run To Tank	Date of Test	load oil and must	Producing Method (Flow		s depth or be for full 24 hours.)			
Length of Test	Tubing Pressure		Casing Pressure		Choke Size			
Actual Prod. During Test	Oil - Bbls.	· · · · · · · · · · · · · · · · · · ·	Water - Bbis.		Gas- MCF			
GAS WELL Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate MMC	F	Gravity of Condensate			
Testing Method (piral, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in	1)	Choke Size			
VI. OPERATOR CERTIFIC I hereby certify that the rules and regular Division have been complied with and is true and complete to the best of my	Jations of the Oil Conserval that the information given	OIL CONSERVATION DIVISION Date Approved OCT ' 6 19				39		
Signature Sam Small	District Supe	Dy	RIGINAL SIG	NED BY JERI ET I SUPERVI	SOR			
Printed Name October 4, 1989 Date	(505) 393-	Title -2144	Title					

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 4) Separate Form C-104 must be filed for each pool in multiply completed wells.