

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

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

**OIL CONSERVATION DIVISION**  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

WELL API NO.  
30-025-06002

5. Indicate Type of Lease  
STATE  FEE

6. State Oil & Gas Lease No.

**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.)

7. Lease Name or Unit Agreement Name

T. Anderson

1. Type of Well:  
OIL WELL  GAS WELL  OTHER TA'd

8. Well No.  
2

2. Name of Operator  
Amerada Hess Corporation

9. Pool name or Wildcat  
Eunice Monument G/SA

3. Address of Operator  
Drawer D, Monument, New Mexico 88265

4. Well Location  
Unit Letter N : 660 Feet From The South Line and 1980 Feet From The West Line  
Section 8 Township 20S Range 37E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
3540' DF

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

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

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 well head, install BOP & TOH w/tbg. TIH w/6-5/8" gauge ring & junk basket to + 3450' & TOH. TIH w/6-5/8" CIBP & set at 3450'. TIH w/pkr. & test CIBP to 2000# & csg. to 500# for 30 min. Obtain chart. TOH w/pkr. circ. hole w/trt. fluid. Remove BOP, install well head, RDPU & clean location. TA well.

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

SIGNATURE R. L. Wheeler, Jr. TITLE Supv. Adm. Svc. DATE 4-3-92  
TYPE OR PRINT NAME R. L. Wheeler, Jr. TELEPHONE NO. 505 393-2144

(This space for State Use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE APR 08 '92

CONDITIONS OF APPROVAL, IF ANY: