

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. 30-025-01015
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name BAGLEY S.W.D.
8. Well No. 4
9. Pool name or Wildcat

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. Type of Well:
OIL WELL ☐ GAS WELL ☐ OTHER SALT WATER DISPOSAL

2. Name of Operator
AMERADA HESS CORPORATION

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 35 Township 11S Range 33E NMPM LEA 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 <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: ACIDIZED WELL <input checked="" 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.

8-12-93

CHARGER INC. ACIDIZED DEVONIAN ZONE OH FR. 10,980' - 11,180' W/5000 GAL. 15% NEFE DBL.
INHIB. ACID. PUMPED 2688 GAL. @ RATE OF 1.5 BPM @ 200# PRESS. TBG WENT ON VACUUM @ RATE OF
1 BPM. HOOKED UP DISPOSAL LINE, FLUSHED W/PROD. WATER, & RESUMED DISPOSAL OPERATIONS.
DISPOSING ON VACUUM.

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 8-13-93
TYPE OR PRINT NAME R.L. WHEELER, JR. TELEPHONE NO. (505) 393-214

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE AUG 24 1993

CONDITIONS OF APPROVAL, IF ANY: