

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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—" for such proposals.)

| | | |
|---|--|---|
| 1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER | | 5. LEASE DESIGNATION AND SERIAL NO. LC-046164-A |
| 2. NAME OF OPERATOR AMERADA HESS CORPORATION | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME I.C. |
| 3. ADDRESS OF OPERATOR DRAWER D, MONUMENT, NEW MEXICO 88265 | | 7. UNIT AGREEMENT NAME |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FNL & 660' FEL | | 8. FARM OR LEASE NAME H.W. Andrews |
| 14. PERMIT NO. | | 9. WELL NO. 3 |
| 15. ELEVATIONS (Show whether DF, KT, GR, etc.) 3571' GR | | 10. FIELD AND POOL, OR WILDCAT Eumont Yates 7RQ |
| | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 11, T-20S, R-36E |
| | | 12. COUNTY OR PARISH 13. STATE LEA N.M. |

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

| NOTICE OF INTENTION TO: | | SUBSEQUENT REPORT OF: | |
|--|---|---|--|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> | WATER SHUT-OFF <input type="checkbox"/> | REPAIRING WELL <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | MULTIPLE COMPLETE <input type="checkbox"/> | FRACTURE TREATMENT <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/> | ABANDON* <input type="checkbox"/> | SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> | (Other) <u>Recompletion-Final Report</u> <input checked="" type="checkbox"/> | |
| (Other) | | (NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) | |

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Test of 10-21-92: Flowed 540 MCFGPD in 24 hrs. to Northern Natural Gas thru Meter 501-136. Flow tbq. press. 114#. Flow csg. press. 150#. CITP 150#. CICP 150#.

Flowing from Eumont Yates 7RQ

RECEIVED
 OCT 23 11 05 AM '92
 OFFICE OF THE
 ASSISTANT ATTORNEY GENERAL

18. I hereby certify that the foregoing is true and correct

SIGNED [Signature] TITLE Supv. Adm. Svc. DATE 10/22/92

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

RECEIVED
NOV 05 1992
OCD HOBBS OFFICE