

**UNIT STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT**

SUBMIT IN TRIPLIC
(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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER TA		5. LEASE DESIGNATION AND SERIAL NO. LC-046-164A
2. NAME OF OPERATOR AMERADA HESS CORPORATION		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
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. 30-025-04211		9. WELL NO. 3
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3583' DF		10. FIELD AND POOL, OR WILDCAT EUNICE MONUMENT G/SA
		11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA SEC. 11, T-20S, R-36E
		12. COUNTY OR PARISH LEA
		13. STATE NEW MEXICO

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) CSG. TEST <input checked="" type="checkbox"/>	
(Other) <input type="checkbox"/>		(NOTE: Report results of multiple completion or 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.)*

10/04/91

ROWLAND TRK. LOADED CSG. & PRESS. TO 500# FOR 30 MIN. HELD OK.
NOTE: CALLED BLM 24 HRS. BEFORE CSG. TEST.
CHART ATTACHED.

AMERADA HESS CORPORATION RESPECTFULLY REQUEST-A CONTINUED TA'D STATUS ON CAPTIONED WELL UNTIL SUCH TIME AS IT IS DEEMED ECONOMICALLY FEASIBLE TO RE-ENTER.

APPROVED FOR 12 MONTH PERIOD
ENDING 10/3/92

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

SIGNED <u>R. P. White</u>	TITLE <u>SUPV. ADM. SVC.</u>	DATE <u>10/21/91</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE <u>10/27/91</u>
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side