

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

SUBMIT IN TRIPlicate
(Other instructions here)

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

5. LEASE DESIGNATION AND SERIAL NO.
LC-046-164A

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. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER TA		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Amerada Hess Corporation		8. FARM OR LEASE NAME H. W. Andrews	
3. ADDRESS OF OPERATOR Drawer D, Monument, New Mexico 88265		9. WELL NO. 3	
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		10. FIELD AND POOL, OR WILDCAT Eunice Monument G/SA	
14. PERMIT NO.		11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA Sec. 11, T20S, R36E	
15. ELEVATIONS (Show whether DF, RT, OR, etc.) 3583' DF		12. COUNTY OR PARISH Lea	18. STATE 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) Csg. test. <input checked="" type="checkbox"/>	

*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.)*

3-14-89 to 3-15-89

MIRU pulling unit & TOH w/rods, pump & tbg. Ran 5-5/8" gauge ring w/junk basket to 3750'. Ran & set CIBP in 6-5/8" csg. at 3727'. Ran dump bailer & capped w/38' of cement. Ran tbg. set OE at 3662'. Circ. csg. w/135 bbls. 2% KCL water containing 82 gal. Chemhib 370 corrosion inhibitor. Press. test 6-5/8" csg. to 500# for 26 min. Held OK. Pulled & laid down 2-3/8" tbg. Resumed TA'd status.

APPROVED FOR 12 MONTH PERIOD
ENDING 4/3/90

18. I hereby certify that the foregoing is true and correct
SIGNED [Signature] TITLE Supv. Adm. Svc. DATE 3-20-89

(This space for Federal or State office use)

ACCEPTED FOR RECORD

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

APR 8 1989

*See Instructions on Reverse Side

SJS
CARLSBAD, NEW MEXICO