

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

SUBMIT IN TRIPPLICATE\*  
(Other instructions on re-verse side)

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

**SUNDRY NOTICES AND REPORTS ON WELLS 88240**

(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.)

<p>1. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>Temporarily abandoned.</u></p> <p>2. NAME OF OPERATOR <u>Amerada Hess Corporation</u></p> <p>3. ADDRESS OF OPERATOR <u>Box D, Monument, New Mexico 88265</u></p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  <u>1980' FNL &amp; 660' FEL</u></p> <p>14. PERMIT NO.</p>	<p>5. LEASE DESIGNATION AND SERIAL NO. <u>046-164A</u></p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME</p> <p>8. FARM OR LEASE NAME <u>H. W. Andrews</u></p> <p>9. WELL NO. <u>3</u></p> <p>10. FIELD AND POOL, OR WILDCAT <u>Eunice/Monument G/SA</u></p> <p>11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA <u>Sec. 11, T20S, R36E</u></p> <p>12. COUNTY OR PARISH <u>Lea</u></p> <p>13. STATE <u>N.M.</u></p>
<p>15. ELEVATIONS (Show whether DF, RT, GR, etc.)</p>	

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>Temporarily abandoned</u>	<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.)\*

August 21, 1985 - Clamped off rods, dismantled and moved out pumping unit and electric motor. Closed csg. valves. Temporarily abandoned.



**APPROVED FOR 12 MONTH PERIOD**  
**ENDING 11/1/86**

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

SIGNED E. B. Fisher TITLE Supv. Adm. Ser. DATE 10-23-85

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE 11-19-85

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

RECEIVED  
NOV 20 1985  
HUMAN SERVICES  
OFFICE