

**COPY TO O. & G.**  
**UNITED STATES**  
**DEPARTMENT OF THE INTERIOR**  
**GEOLOGICAL SURVEY**

SUBMIT IN TRIPLICATE  
(Other instructions  
verse side)

Form approved  
Budget Bureau No. 42-R1424

**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 <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. <b>LC 046164(a)</b>	
2. NAME OF OPERATOR <b>Amerada Hess Corporation</b>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR <b>Drawer D, Monument, New Mexico 88265</b>		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 <b>1980' FNL &amp; 660' FEL</b>		8. FARM OR LEASE NAME <b>H.W. Andrews</b>	
14. PERMIT NO.		9. WELL NO. <b>3</b>	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>3574'</b>		10. FIELD AND POOL, OR WILDCAT <b>Eunice - Monument G/SA</b>	
		11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA <b>Sec. 11, T-20S, R-36E</b>	
		12. COUNTY OR PARISH <b>LEA</b>	13. STATE <b>N.M.</b>

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 checked="" 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) <input 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.)\*

June 1 - 11, 1981

Pulled rods, pump & tbg. & ran GR, caliper & collar log in open hole fr. 3890' to 3815' & 6-5/8" csg. fr. 3815' to 1900'. Ran inflatable straddle packer & swab tested for water & oil entry. Recovered packer & set CIBP at 3801'. Re-ran tbg. pump & rods & resumed production.

6-17-81. Pumped 4 b.o. & 76 b.w. in 24 hrs. on 11-64" SPM.

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

SIGNED *R. E. Wheeler* TITLE Production Clerk DATE 6-24-81

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

**ACCEPTED FOR RECORD**  
DATE JUL 1 1981  
*[Signature]*  
**U.S. GEOLOGICAL SURVEY**  
**ROSWELL, NEW MEXICO**