

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

PERMIT OF TRIPLEX
(Other instructions
on back of form)

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 <input type="checkbox"/> | | 3. LEASE DESIGNATION AND SERIAL NO. LC 046 164 (a) | |
| 2. NAME OF OPERATOR Amerada Hess Corporation | | 4. IF INDICATED, ALLOTTED OR TRUSS NAME | |
| 3. ADDRESS OF OPERATOR Drawer D, Monument, New Mexico 88265 | | 7. UNIT ASSIGNMENT NAME | |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FSL & 660' FWL, Unit L. | | 8. NAME OR LEASE NAME H. W. Andrews | |
| 14. PERMIT NO. | | 9. WELL NO. 4 | |
| 15. ELEVATIONS (Show whether DF, RT, OR, etc.) 3569' DF | | 10. FIELD AND POOL, OR WILDCAT Monument - G/SA | |
| 16. COUNTY OR PARISH Lea | | 11. SEC., T., R., N., OR S.E.K. AND SURVEY OR AREA Sec. 12, R20S, T36E | |
| 17. STATE N.M. | | 18. COUNTY OR PARISH Lea | |

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"/> |
| FRACURE TREAT <input type="checkbox"/> | MULTIPLE COMPLETE <input type="checkbox"/> | FRACURE TREATMENT <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input checked="" 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"/> | (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.)

Plan to MIRU pulling unit & pull rods & pump. Install BOP, check for fill & pull tbq. Clean out fill if necessary w/sand pump. String shoot Grayburg San Andres Zone OH fr. 3783' - 3885' w/400 GPF. TIH w/pkr. set at + 3715'. Acidize Grayburg San Andres Zone OH w/1500 gal. 15% NEFE HCL acid. Swab back load & TOH w/pkr. TIH w/prod. eopt. & resume production.

RECEIVED
APR 24 11 03 AM '89
BUREAU OF LAND MGMT.
HOBBS, NM.

RECEIVED
JUN 12 11 01 AM '89
CARRIZO AREA
HOBBS

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

SIGNED *R. L. Glass* TITLE Supv. Adm. Svc. DATE 4-21-89

(This space for Federal or State office use)

APPROVED BY (ORIG. SGD.) DAVID R. GLASS TITLE Supv. Adm. Svc. DATE 6-15-89

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side