

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instructions on
reverse side)

Form approved,
Budget Bureau No. 42 R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-046164A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

H. W. Andrews

9. WELL NO.

10

10. FIELD AND POOL, OR WILDCAT

Eumont-Yates- 7 R Q

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec 23, T-20-S, R-36-E

12. COUNTY OR PARISH 13. STATE

Lea

N M

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 GAS WELL OTHER

2. NAME OF OPERATOR

Amerada Hess Corporation

3. ADDRESS OF OPERATOR

Drawer "D" - Monument, New Mexico 88265

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface

1980' from north line and 660 from west line of Sec 23

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETE

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON*

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR WELL

CHANGE PLANS

(Other) T. A.

(Other)

(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.)*

T. A. as uneconomical to produce 5-22-61

Plan to retest and if nonproductive plug and abandon

Work to be done in 3rd quarter, 1975

**This approval of temporary
abandonment expires _____**

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

SIGNED

TITLE Supvr. Admin. Services

DATE 10-11-74

(This space for Federal or State office use)

APPROVED BY

TITLE

APPROVED

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

OCT 24 1974
J. M. Sims
J. M. SIMS
ACTING DISTRICT ENGINEER