

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL.  
(Other instructions  
verse side)

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

5. LEASE DESIGNATION AND SERIAL NO.

LC ~~7~~-046164-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

H. W. Andrews

9. WELL NO.

12

10. FIELD AND POOL, OR WILDCAT

Eumont Yates Seven Rivers Queen

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

Sec. 23, T20S, R36E

12. COUNTY OR PARISH 13. STATE

Lea

N.M.

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

660' FNL & 660' FWL

14. PERMIT NO.

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

3585' DF

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Resume production

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

(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.)\*

September 6, 1984 to September 25, 1984 - Ran drlg. bailer & drld. on bridge plug at 3500' & pushed to 3873'. Picked up & ran 2-3/8" tba., pump & rods. Moved in & set 57 pump unit and gas engine. Laid flow line & started pumping.

Production test will be reported whenever received.

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

SIGNED C. A. [Signature] FOR RECORD

TITLE Supv. Adm. Ser.

DATE 9-26-84

(This space for Federal or State office use)

APPROVED BY [Signature] DATE OCT 2 1984

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

Carlsbad NEW MEXICO \*See Instructions on Reverse Side

RECEIVED

OCT - 3 1984

INDIAN OFFICE