

UNITED STATES OIL & GAS COMMISSION  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY  
HOBBS, NEW MEXICO 88240

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  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

5. LEASE DESIGNATION AND SERIAL NO.  
71-046164-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
H. W. Andrews

9. WELL NO.  
13

10. FIELD AND POOL, OR WILDCAT  
Eumont 7 Rivers Queen

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 23, T20S, R36E

12. COUNTY OR PARISH  
Lea County

13. STATE  
N.M.

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
DF 3590'

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) <input type="checkbox"/>	

(Other) Test downhole equipment/casing X

(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.)\*

Set CIBP above perforations. Load hole w/2% KCL and pressure test to 500#.

**RECEIVED**

MAR 3 1983

OIL & GAS  
MINERALS MGMT. SERVICE  
ROSWELL, NEW MEXICO

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

SIGNED Denise Gregson TITLE Assoc. Petroleum Engineer DATE 3-2-83

**APPROVED**  
(This space for Federal or State office use)  
(Orig. See Instructions on Reverse Side)  
APPROVED BY JAMES A. GILLHAM  
CONDITIONS OF APPROVAL, IF ANY:  
**MAR 4 1983**  
FOR  
**JAMES A. GILLHAM**  
DISTRICT SUPERVISOR

TITLE \_\_\_\_\_ DATE \_\_\_\_\_

\*See Instructions on Reverse Side