

Submit 3 copies to Appropriate District Office

DISTRICT I

1625 N. French Dr., Hobbs, NM 88240

DISTRICT II

811 S. First, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.  
Santa Fe, NM 87504

WELL API NO.	30-025-05574
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil / Gas Lease No.	
7. Lease Name or Unit Agreement Name	North Monument G/SA Unit Blk. 1
8. Well No.	14
9. Pool Name or Wildcat	
10. Elevation (Show whether DF, RKB, RT,GR, etc.)	

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" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well OIL WELL  GAS WELL  OTHER TA'd Well

2. Name of Operator Amerada Hess Corporation

3. Address of Operator P.O. Box 840, Seminole, TX 79360

4. Well Location  
Unit Letter N : 330 Feet From The South Line and 2310 Feet From The West Line  
Section 7 Township 019S Range 037E NMPM LEA COUNTY

10. Elevation (Show whether DF, RKB, RT,GR, etc.)

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPERATIONS <input type="checkbox"/>
OTHER: _____ <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: _____ <input type="checkbox"/>

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.  
  
Plan to MIRU pulling unit. Remove wellhead & install BOP. TIH & press. test csg. at intervals to determine if csg. leak. Perform cement squeeze if necessary. Circ. pkr. fluid & press. test csg. to 500 PSI for 30 min. TA well.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.  
SIGNATURE Roy L. Wheeler, Jr. TITLE Bus. Svc. Spec. II DATE 05/09/2001  
TYPE OR PRINT NAME Roy L. Wheeler, Jr. TELEPHONE NO. 915-758-6778

(This space for State Use)  
APPROVED BY \_\_\_\_\_ TITLE GARY WELLS DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

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