

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs NM 88241-1980

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO.

30-025-05623

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

B-1382-4

7. Lease Name or Unit Agreement Name

North Monument G/SA Unit Blk. 2

1. Type of Well:

OIL
WELL ☐

GAS
WELL ☐

OTHER Water Injection

2. Name of Operator

Amerada Hess Corporation

8. Well No.

13

3. Address of Operator

P.O. BOX 840 SEMINOLE, TX 79360

9. Pool name or Wildcat

Eunice Monument G/SA

4. Well Location

Unit Letter M : 660 Feet From The South Line and 660 Feet From The West Line

Section 18 Township 19S Range 37E 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:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: 1st Water Injection. ☒

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.

4-21-98 Division Order No. R-9596 Admin. Order No. WFX-716

Began injecting water at rate of 1821 B.W./D. thru 64/64" choke. Tbg. press. 642 PSI & csg. press. 0 PSI. Perfs. fr. 3872' - 4018'.

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 Admin. Svc. Coord. DATE 4-22-98

TYPE OR PRINT NAME Roy L. Wheeler, Jr. TELEPHONE NO. 915 758-6700

(This space for State Use)

ORIGINAL SIGNED BY CHRIS WILLIAMS
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

MAY 22 1998

Q