

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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

WELL API NO.

3002505650

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

B-3657

7. Lease Name or Unit Agreement Name

NORTH MONUMENT G/SA UNIT
BLK. 5

8. Well No.

11

9. Pool name or Wildcat

EUNICE MONUMENT G/SA

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

2. Name of Operator

Amerada Hess Corporation

3. Address of Operator

P.O. DRAWER D, MONUMENT, NM 88265

4. Well Location

Unit Letter K : 1980 Feet From The SOUTH Line and 1980 Feet From The WEST Line

Section 19 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: ☐

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.

NMGSAU #511

MIRU PULLING UNIT. ND WELLHEAD. TOH W/RODS & TBG. INSTALL NEW WELLHEAD. NU BOP. TIH W/BIT, D.C.'S & TBG. CLEAN OUT TO PBTD. TOH W/BIT. RU ACID CO. TIH W/SONIC HAMMER ON TBG. TO TD. ACIDIZE O.H. W/3,000 GALS. 15% NEFE DI HCL W/3% DP-77MX. TOH W/TBG. & TOOL. TIH W/PKR. & SET @ +/-3,750'. RD ACID CO. SWAB BACK ACID LOAD. TOH W/PKR. & TBG. TIH W/PRODUCTION TBG. ND BOP. NU WELLHEAD. TIH W/RODS & PUMP. RETURN WELL TO PRODUCING STATUS. RDMO PULLING UNIT. CLEAN & CLEAR LOCATION.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

Terry L. Harvey

TITLE SR. STAFF ASSISTANT

DATE 05-14-96

TYPE OR PRINT NAME TERRY L. HARVEY

TELEPHONE NO. 393-2144

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON

DISTRICT I SUPERVISOR

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

MAY 17 1996