State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

District Office				100	
	OIL CONSERVATI		WELL API NO.		
P.O. Box 1980, Hobbs NM 88241-1980 F.O. Box 2088			WEEE ATTIO	30-025-05654	
P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexic	co 87504-2088	5. Indicate Type	of Lease STATE X	FEE 🗌
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Ga B-1589		
SUNDRY NOTICES AND REPORTS ON WELLS					
(DO NOT USE THIS FORM FOR PRO DIFFERENT RESER (FORM C-	N OR PLUG BACK TO A ERMIT"	7. Lease Name or Unit Agreement Name NORTH MONUMENT G/SA UNIT			
1. Type of Well:		BLK. 6	INI G/SA UNII		
OIL GAS WELL WELL	OTHER IN	JECTION WELL			
2. Name of Operator	.		8. Well No.		
Amerada Hess Corporati 3. Address of Operator	on		9. Pool name or		
P.O. DRAWER D, MONUMEN	T, NM 88265		EUNICE MONUN	1ENT G/SA	
4. Well Location Unit Letter E: 1980	Feet From The NORTH	Line and 60	50 Feet Fro	m The WEST	Line
Section 20	Township 19S	Range 37E	NMPM	LEA	County
Section 20		ether DF, RKB, RT, GR, et			
	<u> </u>				
-	propriate Box to Indicat	1	-		
NOTICE OF IN	ITENTION TO:	SU	BSEQUENT	REPORT O	F:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK		ALTERING CASING	i 🗀
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	3 OPNS	PLUG AND ABANDO	ONMENT
PULL OR ALTER CASING	ONANGE F EARS	CASING TEST AND CI		I Edd Allo Abrillo	JIMILIM
OTHER:		OTHER: CONVE	RT TO INJECTI	ON WELL	X
Describe Proposed or Completed Ope work) SEE RULE 1103.	rations (Clearly state all pertinent	details, and give pertinent da	ates, including estin	nated date of starting s	any proposed
NMGSAU #605 (08-12-96 T	HRU 08-20-96)				
TVIED LIEU SVC 9 STAD	TOOL MIDIL HINCEATED DIN	D TOU !!/DDOD!!CTTO!	N CONTRACT	INSTALLED DOD	
	TOOL MIRU. UNSEATED PUMI TIH W/RBP, SN & TBG. SI				
	SG. TO 600# & CHARTED 32				
	N & RBP. TIH W/BIT, BIT				
	LINE MIRU. STRING SHOT				
	SVCS. MIRU. FOUND SBHP				
	UB, SN & TBG. TAGGED @ : RTNS. WERE FORMATION, :				
•	SIT. SCHLUMBERGER MIRU.				
(CONTINUED)	11. SCHEOHDERGER HIRO.	LOUGLD O.II. W/ SONT	C/CHE/GR TOOL	7. I EKI D.	
I hereby certify that the information above is to	tue and complete to the best of my knowle	edge and belief.			
SIGNATURE	Harvey	TITLE SR. STAFF ASSI	STANT	DATE08/	21/96
TYPE OR PRINT NAME TERRY L. HARV	EY 💍			TELEPHONE NO. 505	393-2144
(This space for State Use)	**************************************			SED	17 1996
APPROVED BY	er de la Maria de Maria de la Maria de Maria de Personal de la Maria de Maria	TITLE		DATE	# 1 139p
CONDITIONS OF APPROVAL, IF ANY:					

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