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## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

2040 Pacheco St.   2040 Pacheco Pa	DISTRICT I P.O. Box 1980, Hobbs NM 88241-1980 OIL C	ONICEDVATIO	N DIVICIO	)N
DETRICUL DO, Antesia, NM 88210  Santa Fe, NM 87505  S. Indicas Type of Lease PER DETRICUL DI DOOR (IS Brazos Re., Arme., NM 87410  SUNDRY NOTICES AND REPORTS ON WELLS  (CON OT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENCE (COND. T. O. T. Lease Name or Utail Agreement Name Office of Vall. On the Wall. OTHER WATER INJECTION  1. Type of Vall. On Address of Operator Address of Operator P. O. Box 849. Seminole, Texas 79360-0840  1. Well. On THER WATER INJECTION  3. Well No. 1 Address of Operator P. O. Box 849. Seminole, Texas 79360-0840  1. Devasion (Show whether DF, RR, RT, CR, etc.)  1. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO:  Section 20 Toxophip 10 Bevasion (Show whether DF, RR, RT, CR, etc.)  Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data SUBSEQUENT REPORT OF:  REPORD REMEDIAL WORK PLUG AND ABANDON CHANGE PLANS CAMMENCE DRILLING OPNS. PLUG AND ABANDONMENT BETT AND CEMENT JOB OTHER. Began Mater Injection Operations.  1. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any processor of the Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any processor of the Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any processor of the Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any processor of the Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any processor of the Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any processor of the Complete Operation (Clearly state all pertinent details, and give pertinent dates, including estimated date of starti				1
DISTRICTURE  SUNDRY NOTICES AND REPORTS ON WELLS  (DO NOT USE THIS FORM FOR PROPOSOALS TO DRILLER TO DEEPEN OR PLUB BACK TO A DEFERENT REPORTS SUCH PROPOSALS.)  1. Type of Walt. OTHER WATER INJECTION  1. Type of Walt. OTHER WATER INJECTION  2. Name of Operator  Anderes of Operator  P. O. Boy 840. Seminole. Texas 79360-0840.  1. Well Lossion  Unit Letter A. 660 Feet From The NORTH Line and 660 Feet From The EAST  10. Elevation (Show whether PF, RKB, RT, GR, etc.)  20 Township 19S Rance 37E NMPM LEA  SUBSEQUENT REPORT OF:  11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data  NOTICE OF INTENTION TO:  ERFORM REMEDIAL WORK PLUG AND ABANDON CHANGE PLANS COMMENCE GRILLING OPNS.  ULL OR ALTER CASING CHANGE PLANS COMMENCE From Type Abandon Change PLANS COMMENCE GRILLING OPNS.  2. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any provided SER RULE (10).  3. 17-98 DIVISION ORDER #R-9596. ADMIN. ORDER NO. WFX-716.  Began injecting water at rate of 670 B.W./D. thru 1/64* choke. Tbg. & csg. press. 0 PSI.  O.H. fr. 3740* - 3980*.  1 birts years for State Unit Comments Roy L. Wheeler, Jr. The Admin. Suc. Cooped.  DATE MATERIAL SUBNED BY  APPROVED BY HELP HELP TITLE DATE  1 TITLE DATE  APPROVED BY HELP HELP TITLE  DATE  APPROVED BY HELP HELP TITLE  DATE  APPROVED BY HELP HELP TITLE  DATE  APPROVED BY THE TITLE DATE  TITLE DATE  APPROVED BY THE TITLE DATE  TITLE DATE  APPROVED BY THE TITLE DATE  TITLE DATE  TITLE DATE  TITLE DATE  APPROVED BY THE TITLE DATE  TO THE TITLE DATE  THE TITLE DATE  TO THE TITLE DATE  TO THE TITLE DATE  TO THE TIND THE TITLE DATE  TO THE TITLE DATE  TO THE TITLE DATE  TO THE T	DISTRICT II P.O. Drawer DD, Artesia, NM 88210			5. Indicate Type of Lease
SUNDRY NOTICES AND REPORTS ON WELLS  (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUS BACK TO A DIFFERENT RESERVOIR USE "APPLICATION FOR PERMIT"  (FORM C-101) FOR SUCH PROPOSALS.)  1. Type of Well Well.  2. Name of Operator  Amerada Hess Corporation  3. Address of Operator  P. O. Box 840. Seminole, Texas 79360-0840  4. Well Location Unit Lester A. 660 Feet From The MORTH Line and 660 Feet From The EAST  10. Elevation (Show whether DF, RKB, RT, GR, etc.)  11. Check Appropriate Box to Indicate NOTICE OF INTENTION TO:  Section 20 Township 195 Range 37E NMPM LEA  NOTICE OF INTENTION TO:  BEPORAM REMEDIAL WORK PLUG AND ABANDON ALTERNACIONAL CASING  COMMENCE DRILLING OPNS. PLUG AND ABANDON CHANGE PLANS  ULLO RALTER CASING  LLL OR ALTER CASING  CASING TEST AND CEMENT JOB DIVISION ORDER #R-9596. ADMIN. ORDER NO. WFX-716.  Began injecting water at rate of 670 B.W. /D. thru 1/64* choke. Tbg. & csg. press. 0 PSI.  O.H. fr. 3740* - 3980*.  ORIGHAL SUGNED BY  APPROVED BY  LLL MARKET INJECTION  TITLE Admin. SVC. COOrd.  DATE  DATE  APPROVED BY  LLL MARKET INJECTION  TITLE Admin. SVC. COORD.  DATE  APPROVED BY  LLL MARKET INJECTION  TITLE Admin. SVC. COORD.  DATE  APPROVED BY  LLL MARKET INJECTION  TITLE Admin. SVC. COORD.  DATE  APPROVED BY  LLL MARKET INJECTION  TITLE Admin. SVC. COORD.  DATE  APPROVED BY  LLL MARKET INJECTION  THE ALTER CAN THE MARKET INJECTION  THE ALTER CAN THE ALTER CA	DISTRICT III			
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America Hess Corporation  1. Address of Operator P. O. Box 840. Seminole, Texas 79360-0840  4. Well Location Unit Letter A : 660 Feet From The NORTH Line and 660 Feet From The EAST  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:  ERFORM REMEDIAL WORK PLUG AND ABANDON SUBSEQUENT REPORT OF:  REMEDIAL WORK ALTERIOR CASING  COMMENCE DRILLING OFNS. PLUG AND ABANDONNEN  CASING TEST AND CEMENT JOB  THER:  OTHER: Began Water Injection Operations.  (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any prework) SEE RULE 1103.  3-17-98  DIVISION ORDER #R-9596. ADMIN. ORDER NO. WFX-716.  Began injecting water at rate of 670 B.W./D. thru 1/64" choke. Tbg. & csg. press. 0 PSI.  O.H. fr. 3740' - 3980'.  THERE TYPE OR PRINT NAME ROY L. Wheeler, Jr.  THE Admin. Svc. Coord.  DATE	1. Type of Well:		R INJECTION	BLK 6
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(This space for State Use)  ORIGINAL SIGNED BY  CASTY VINK  APPROVED BY  FIELD REP. 11  DATE  DATE	I hereby certify that the information above is true and comple	ete to the best of my knowledge	and belief.	
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CONDITIONS OF APPROVAL, IF ANY:	TYPE OR PRINT NAME ROY L. Wheeler, Jr.  (This space for State Use)  ORIGINAL SIGNED	тпг		TELEPHONE NO. 915 758-6
25N	TYPE OR PRINT NAME ROY L. Wheeler, Jr.  (This space for State Use)  ORIGINAL SIGNED  OARY VINK  APPROVED BY  THELD REP. 1	вү	<sub>E</sub> Admin. Svc	TELEPHONE NO. 915 758-6