

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

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.                         | 3002505663   |
| 5. Indicate Type of Lease            | STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No.         | B-2268   |
| 7. Lease Name or Unit Agreement Name | NORTH MONUMENT G/SA UNIT<br>BLK. 6                                     |
| 8. Well No.                          | 16   |
| 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:<br>OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> | 2. Name of Operator<br>AMERADA HESS CORPORATION   |
| 3. Address of Operator<br>POST OFFICE DRAWER D, MONUMENT, NEW MEXICO 88265  | 4. Well Location<br>Unit Letter <u>P</u> : <u>660</u> Feet From The <u>SOUTH</u> Line and <u>660</u> Feet From The <u>EAST</u> Line |

|  |                     |                  |      |     |        |
|--|---------------------|------------------|------|-----|--------|
| Section <u>20</u>                                  | Township <u>19S</u> | Range <u>37E</u> | 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 |   |
| <b>NOTICE OF INTENTION TO:</b>  | <b>SUBSEQUENT REPORT OF:</b>                        |
| PERFORM REMEDIAL WORK <input type="checkbox"/>                                | REMEDIAL WORK <input type="checkbox"/>              |
| TEMPORARILY ABANDON <input type="checkbox"/>                                  | ALTERING CASING <input type="checkbox"/>            |
| PULL OR ALTER CASING <input checked="" type="checkbox"/>                      | COMMENCE DRILLING OPNS. <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.

NMGSAU #616

Plan To

Move in and rig up pulling unit. Nipple down wellhead. Nipple up BOP. Run in hole w/casing spear and latch onto 5-1/2" scab liner. Pick up on liner to release. TOH w/liner. TIH w/6-1/4" bit on tubing to TD. TOH w/bit. TIH with RBP and set at  $\pm 3,700'$ . Cap with 2 sacks of sand. Run in hole w/packer nad locate leaks. Note: If casing has leaks in addition to the leak behind the scab liner, procedure will be revised accordingly. TIH w/mechanical casing cutters and cut off 7" casing below leak (approx. 500'). TOH w/casing cutters. Rig up casing crew. Remove cut off 7" casing. Run in hole w/mill to dress top of cut casing. TOH w/mill. Run new 7" replacement casing w/ 7" lead seal casing patch. Load hole w/fresh water and obtain 30 minute casing integrity test. TIH w/tubing and circulate sand off of RBP. TOH w/tubing and RBP. Nipple down BOP. Nipple up wellhead. Rig down and move out pulling unit. Clean and 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 02-01-94  
TYPE OR PRINT NAME Terry L. Harvey TELEPHONE NO. 393-2144

(This space for State Use)

**ORIGINAL SIGNED BY JERRY SEXTON**  
DISTRICT I SUPERVISOR

**FEB 08 1994**

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: