

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. | 30-025-05669 |
| 5. Indicate Type of Lease | STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No. | B-1651-9 |
| 7. Lease Name or Unit Agreement Name North Monument G/SA Unit Blk. 6 | |
| 8. Well No. | 3 |
| 9. Pool name or Wildcat | Eunice Monument G/SA |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.) | |

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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Injection Well | 2. Name of Operator Amerada Hess Corporation |
| 3. Address of Operator P. O. Box 840, Seminole, Texas 79360 | 4. Well Location Unit Letter <u>C</u> : <u>660</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>West</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

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.

Plan to MIRU pulling unit, locate source of csg. press. & repair. Acidize w/3000 gal. 15% HCL & continue injecting.

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 Bus. Svc. Spec. II DATE 3-13-2000

TYPE OR PRINT NAME Roy L. Wheeler, Jr. TELEPHONE NO. 915 758-6778

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: