

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. <u>30-025-05725</u>
5. Indicate Type of Lease STATE ☒ FEE ☐
6. State Oil & Gas Lease No. B-1962
7. Lease Name or Unit Agreement Name State "R"
8. Well No. 1
9. Pool name or Wildcat Eunice-Monument G/SA
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3609' DF

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 Drawer D, Monument, New Mexico 88265	4. Well Location Unit Letter <u>K</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u> Line Section <u>29</u> Township <u>19S</u> Range <u>37E</u> NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3609' DF
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11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☒	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
OTHER: ☐	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 & pull rods & pump. Install BOP, check for fill & TOH w/tbg. Clean out fill if necessary. TIH w/tornado link gun & perforate Grayburg San Andres OH at following w/2 90 gram SPF: 3830', 3832', 3834', 3836', & 3838'. TIH w/Md. R dbl. grip pkr. set at + 3780' & test tbg. Acidize Grayburg San Andres Zone OH w/1500 gal. 15% NEFE HCL acid. Swab back load & TOH w/pkr. TIH w/production equipment & return to producing status.

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

SIGNATURE R. L. Whelan, Jr. TITLE Supv. Adm. Svc. DATE 4-21-89

TYPE OR PRINT NAME _____ TELEPHONE NO. _____

(This space for State Use)
ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

APR 24 1989