

DISTRIBUTION		
DATE		
FILE		
U.S.G.S.		
LAND OFFICE		
OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.
B15533-122

7. Unit Agreement Name

8. Farm or Lease Name
State "0"

9. Well No.
1

10. Field and Pool, or Wildcat
Eunice Monument G/SA

12. County
Lea

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 TO DRILL" (FORM C-101) FOR SUCH PROPOSALS.

OIL WELL GAS WELL OTHER

Name of Operator
Amerada Hess Corporation

Address of Operator
Drawer D, Monument, New Mexico 88265

Location of Well
UNIT LETTER B 660 FEET FROM THE North LINE AND 1980 FEET FROM
East THE 30 LINE, SECTION 19-S TOWNSHIP 37-E RANGE 37-E N.M.P.M.

15. Elevation (Show whether DF, RT, GR, etc.)
3646' DF

6. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <u>Set liner, perforate & test.</u> <input checked="" type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input type="checkbox"/>

7. 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 pull rods, check fill & clean out. Set 4-1/2" liner from 3750' to 4364' & cement w/200 sks. cement. Drill cement & run cement bond log. Perf. 4-1/2" liner opposite G/SA zone selectively. Acidize & test. Subsequent Form C-103 to be filed as necessary.

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

SIGNED E. B. Hughes TITLE Admin. Services Supervisor DATE 6-23-81

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: