

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

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

|                                      |  |
|--------------------------------------|--|
| WELL API NO.                         | 30-025-05744   |
| 5. Indicate Type of Lease            | STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No.         | B-1533-1/2   |
|                                      |  |
| 7. Lease Name or Unit Agreement Name | NORTH MONUMENT G/SA UNIT<br>BLK. 10                                    |
| 8. Well No.                          | 3  |
| 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:  
OIL WELL  GAS WELL  OTHER

2. Name of Operator  
Amerada Hess Corporation

3. Address of Operator  
P. O. Box 840, Seminole, Texas 79360

4. Well Location  
Unit Letter C : 660 Feet From The NORTH Line and 1980 Feet From The WEST Line  
Section 30 Township 19S Range 37E 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:  | SUBSEQUENT REPORT OF:                               |
|--|---|
| 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 type="checkbox"/>                                | COMMENCE DRILLING OPNS. <input type="checkbox"/>    |
| OTHER: <u>CONVERT TO INJECTION WELL.</u> <input checked="" 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 #1003

Permit No. WFX716

MIRU PU. TOH W/RODS (LAYING DWN). NU BOPS & TOH W/TBG. TIH W/TBG. & BIT. TAG DOD @ 3,916'. TOH W/TBG. TIH W/TBG. & SONIC HAMMER. TREAT PERFS. W/4,600 GALS. ACID. FLOW/SWAB BACK LOAD. MONITOR FL FOR SAN ANDRES INFLOW. RUN SBHP DIP IN. TOH W/TBG. (LAYING DWN.). TIH W/INJ. PKR. & TBG. NU WELLHEAD. MAKE WELL READY FOR INJ.

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 7-17-97  
TYPE OR PRINT NAME TERRY L. HARVEY TELEPHONE NO. 915 758-6700

(This space for State Use)

APPROVED BY Charles Perini TITLE OIL & GAS INSPECTOR DATE 8-4-97  
CONDITIONS OF APPROVAL, IF ANY: