Submit 3 Copies to Appropriate

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

District Office		•			,	
DISTRICT I P.O. Box 1980, Hobbs NM 88241-1980	OIL CONSERVATION P.O. Box 20		WELL API NO.			
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico 87504-2088		5. Indicate Type	30-025-05770 of Lease		
DISTRICT III			6. State Oil & Gr	STATE	FEE X	
1000 Rio Brazos Rd., Aztec, NM 87410			0. 5.2.0 0 2 0.	15 20450 110.		
SUNDRY NOTICES AND REPORTS ON WELLS						
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A		7. Lease Name of	or Unit Agreement Nam	ie		
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			NORTH MONUMENT G/SA UNIT			
1. Type of Well:	pe of Well:			BLK. 15		
OIL GAS WELL WELL	OTHER		DER. 13			
2. Name of Operator			8. Well No.			
Amerada Hess Corporation			11			
3. Address of Operator P.O. Box 840, Seminole, Texas 79360			9. Pool name or Wildcat EUNICE MONUMENT G/SA			
4. Well Location Unit Letter K : 2310	Feet From The SOUTH	Line and 23	10 Feet Fro	om The WEST	Line	
						
Section 31	Township 195/ R	lange 37E	NMPM	LEA	County	
	10. Elevation Show when	ner Dr. KKB, KI, GK, et	c.)			
11. Check Appr	ropriate Box to Indicate	Nature of Notice	Pepart or	Other Data		
* *	•	i	-		.	
NOTICE OF INT	ENTION TO:	300	SEQUEN	REPORT O	Γ:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK		ALTERING CASING	. [
				BULIO AND ADAND	OA!! 45A!T	
TEMPORARILY ABANDON	CHANGE PLANS []	COMMENCE DRILLING	JOPNS.	PLUG AND ABANDO	JIMEN! L_	
PULL OR ALTER CASING		CASING TEST AND CE	EMENT JOB L			
OTHER: CONVERT TO INJECTION	WELL X	OTHER:				
12. Describe Proposed or Completed Operat work) SEE RULE 1103.	ions (Clearly state all pertinent de	tails, and give pertinent da	ites, including estin	nated date of starting a	iny proposed	
NMGSAU #1511		Order No. R-9	596			
Plan to:	: OH THER TOR O 2 (00)	CIDC HOLE HOLET	ED 8 TET CCC	A LINED TOD		
MIRU. TIH W/RBP & SET BELOW LINER TOP @ 3,686'. CIRC. HOLE W/WATER & TST. CSG. & LINER TOP						
TO 700 PSI. REPAIR LINER TOP OR CSG. IF NECESSARY. CHG. OUT WELLHEAD. REMOVE RBP. RUNGRN/CCL FR. 3.885'-3.108'. PERF. 4-1/2" LINER USING 2-1/8" ENERJET III CHGS. (2 SPF 0 DEG.						
PHASING, 102' OF PERFS., 207 SHOTS) @ 3,726'-54', 62'-74'. & 82'-3,844'. ACIDIZE NEW & OLD PERFS. W/SONIC HAMMER USING 5,500 GALS. OF 15% NEFE ACID. SWAB BACK LOAD. TIH W/BIT ON TBG.						
& CLEAN OUT FILL IF NECES						
+\-3,776'. RDMO. CI WEL						
I hereby certify that the information above is true	and complete to the best of my knowled	ne and helief				
Thereby certify that the internation above is title	$U \cdot hI$					
SIGNATURE		TLE SR. STAFF ASSIS	STANT	DATE06-	04-97	
TYPE OR PRINT NAME TERRY L. HARVEY	, <u> </u>			TELEPHONE NO. 505	393-2144	
(This space for SHIP MAL SIGNED BY DISTRICT I SU						
APPROVED BY		TLE		DATE		
	 					