

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION

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

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

WELL API NO.	30-025-05776
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	NORTH MONUMENT G/SA UNIT BLK. 15
8. Well No.	5
9. Pool name or Wildcat	EUNICE MONUMENT GB/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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	2. Name of Operator Amerada Hess Corporation
3. Address of Operator P.O. DRAWER D, MONUMENT, NM 88265	4. Well Location Unit Letter <u>E</u> : <u>1650</u> Feet From The <u>NORTH</u> Line and <u>330</u> Feet From The <u>WEST</u> Line Section <u>31</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 <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	
OTHER: _____ <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input 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 #1505 (10-28-96 THRU 11-15-96)

TYLER WELL SVC. & STAR TOOL MIRU. ATTEMPTED TO SCREW INTO SV. DID NOT FEEL UNSEAT. TOH W/PROD. EQUIPMENT. DID NOT RECOVER SV. UNFLANGED WELLHEAD, RELEASED TAC, INSTALLED ADAPTER FLANGE & BOP. TOH W/TBG. & CAUGHT FLUID. RU SANDLINE & SWABBED FLUID TO ANNULUS. TOH W/TBG. & CAUGHT FLUID. SWABBED FLUID TO ANNULUS. TOH W/REMAINING TBG., TAC & PUMP BARREL. TIH W/RBP, SN & TBG. SET & GOT OFF RBP @ 3,736'. LOAD CSG. W/122 BBLs. FW & CIRC. WELLBORE CLEAN. SHUT DWN. & FOUND WELL ON VACUUM. RELEASE BP @ 3,736', MOVED UPHOLE, & RESET 7" RBP @ 3,724'. PUMPED ADDITIONAL 80 BBLs. TO BREAK CIRC. EST. INJ. RATE OF 2.3 BPM @ 450#. TOH W/124 JTS. TBG., SN & RETRIEVING HEAD. TIH W/PKR., SN, & RETRIEVING HEAD. TIH W/PKR., SN, & TBG. SET PKR. @ 3,702'. LOADED TBG. & PRESS'D. TO 700# & EST. INJ. RATE OF 2.5 BPM @ 700#.
(CONTINUED)

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 11/18/96
TYPE OR PRINT NAME TERRY L. HARVEY TELEPHONE NO. 505-393-2144

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: