

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 88240

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Blanco Rd., Aztec, NM 87410

WELL API NO.
30-025-05901

5. Indicate Type of Lease:
STATE FEE

6. State Oil & Gas Lease No.:

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.)

7. Lease Name or Unit Agreement Name:

1. Type of Well:
OIL WELL GAS WELL OTHER

E. S. Adkins

2. Name of Operator
Amerada Hess Corporation

8. Well No.
1

3. Address of Operator
Drawer D, Monument, New Mexico 88265

9. Foot name or Wellhead:
EUNICE MONUMENT G/SAV

4. Well Location
Unit Letter M : 660 Feet From The South Line and 660 Feet From The West Line
Section 5 Township 20S Range 37E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, CR, etc.)
3,565' DF

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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input checked="" 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"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: _____ <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.

Plan to MIRU, pulling unit, install BOP & TIH w/CIBP set 100' above top perf. Load csg. & press. test to 500# for 30 min. Remove BOP & install well head. RDPU & clean location. TA well.

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

SIGNATURE R. L. Wheeler, Jr. TITLE Supv. Adm. Svc. DATE 10/17/91

TYPE OR PRINT NAME R. L. Wheeler, Jr. TELEPHONE NO. 393-2144

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

THIS COMMISSION MUST BE NOTICED
24 HOURS PRIOR TO COMMENCING WORK