

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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. 30-025-05912
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. 21
8. Well No. 6
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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER TA'D
2. Name of Operator AMERADA HESS CORPORATION
3. Address of Operator DRAWER D, MONUMENT, NM 88265
4. Well Location

Unit Letter F : 1980 Feet From The NORTH Line and 1980 Feet From The WEST Line
Section 5 Township 20S 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: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: CASING INTEGRITY TEST TA <input checked="" 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 #2106 09-08-93 THRU 09-10-93

DA&S WELL SERVICE PULLED A TOTAL OF 114 JTS. OF 2-3/8" TUBING. LAID DOWN 26 JTS. W/CORROSION PITTING. RAN A 6-1/8" BIT ON 121 JTS. OF 2-3/8" TUBING AND TAGGED BOTTOM AT 3,784' FOR 110' OF FILL. TOH W/TUBING AND BIT. RAN A 7" X 2-7/8" BAKER LOC-SET RBP ON 119 JTS. OF 2-3/8" TBG. AND SET THE PLUG AT 3,730'. STAR TOOL LOADED THE CASING W/60 BBLs. FRESH WATER AND CIRC. CLEAN W/160 BBLs. FRESH WATER. TESTED THE CASING TO 570 PSI FOR 38 MINUTES. HELD OK. LATCHED ONTO AND RELEASED THE RBP. TOH W/TUBING AND PLUG. ROTARY WIRELINE RAN A 7" X 24# CIBP AND SET AT 3,630'. RAN 118 JTS. OF 2-3/8" TUBING AND DISPLACED THE CASING W/PKR. FLUID. PULLED AND LAID DOWN 118 JTS. OF 2-3/8" PRODUCTION TUBING. RIGGED DOWN PULLING UNIT AND CLEANED LOCATION. WELL CLOSED IN AND TEMPORARILY ABANDONED. AMERADA HESS CORPORATION RESPECTFULLY REQUEST A TA'D STATUS ON CAPTIONED WELL FOR FUTURE NMGSAU OPERATIONS.

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

SIGNATURE Terry Harvey by [Signature] TITLE STAFF ASSISTANT DATE 09-17-93
TYPE OR PRINT NAME TERRY L. HARVEY TELEPHONE NO. 393-2144

(This space for State Use) ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: This Approval of Temporary Abandonment Expires 9-1-98 SEP 28 1993

SWC
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RECEIVED

SEP 27 1993

**JOE HOBBS
OFFICE**

OIL CONSERVATION DIVISION

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator AMERADA HESS CORPORATION		Well API No. 3002505912
Address DRAWER D, MONUMENT, NEW MEXICO 88265		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input checked="" type="checkbox"/>		<input type="checkbox"/> Other (Please explain) NEW WATERFLOOD UNIT EFFECTIVE 1/1/92. ORDER NO. R-9494 CHANGE LEASE NAME & NO. FR. BERTHA BARBER #7 TO NORTH MONUMENT G/SA UNIT BLK. 21, #6
If change of operator give name and address of previous operator		MARATHON OIL COMPANY, P.O. BOX 552, MIDLAND, TEXAS 79702

II. DESCRIPTION OF WELL AND LEASE

Lease Name BLK. 21 NORTH MONUMENT G/SA UNIT	Well No. 6	Pool Name, including Formation EUNICE MONUMENT G/SA	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter F : 1980 Feet From The NORTH Line and 1980 Feet From The WEST Line Section 5 Township 20S Range 37E, NMPM, LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> WELL TA'D	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
	Is gas actually connected? When ?	

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

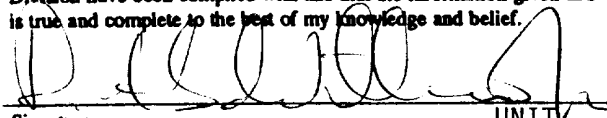
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.


Signature
ROBERT L. WILLIAMS, JR.
Printed Name
1/1/92
Date
UNITV
SUPERINTENDENT
Title
505-393-2144
Telephone No.

OIL CONSERVATION DIVISION

JAN 03 '92

Date Approved
By
Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.