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TRIBUTION		
FE		
FILE		
U.S.G.S.		
LAND OFFICE		
OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. 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.)

1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		7. Unit Agreement Name
2. Name of Operator Amerada Hess Corporation		8. Farm or Lease Name L. M. Lambert
3. Address of Operator Drawer "D" - Monument, New Mexico 88265		9. Well No. 6
4. Location of Well UNIT LETTER <u>H</u> <u>2084</u> FEET FROM THE <u>North</u> LINE AND <u>660</u> FEET FROM THE <u>East</u> LINE, SECTION <u>6</u> TOWNSHIP <u>20-S</u> RANGE <u>37-E</u> NMPM.		10. Field and Pool, or Wildcat Monument Blinebry
15. Elevation (Show whether DF, RT, GR, etc.) 3573' DF		12. County Lea

16.

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

TEMPORARILY ABANDON ☐

PULL OR ALTER CASING ☐

OTHER ☐

PLUG AND ABANDON ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

COMMENCE DRILLING OPNS. ☐

CASING TEST AND CEMENT JOBS ☐

OTHER T. A. ☒

ALTERING CASING ☐

PLUG AND ABANDONMENT ☐

17. 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.

Well nonproductive following workover
Closed in and T. A. 8-1-72
Evaluating logs for recompletion in G-SA Gas Section
Work to be done in 3rd quarter, 1975

Expires 10/1/75

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

SIGNED [Signature] TITLE Supvr. Admin. Services DATE 10-11-74

APPROVED BY Joe D. Ramey TITLE Dist. 1, Supv. DATE [Signature]

CONDITIONS OF APPROVAL, IF ANY: