

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. OIL CONS. COMMISSION
BUDGETED
Budget Bureau No. 1004-0135
Expires: March 31, 1993
10 BOX 1080
10885 NEW MEXICO 88249
Expirations and Serial No.
LC-031621-A

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT - " for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well <input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other	6. If Indian, Allottee or Tribe Name
2. Name of Operator Amerada Hess Corporation	7. If Unit or CA, Agreement Designation
3. Address and Telephone No. P.O. Drawer D, Monument, N.M. 88265 505 393-2144	8. Well Name and No. Britt "A" 5
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 2310' FSL & 2279' FWL, Sec. 6, T20S, R37E	9. API Well No. 30-025-059700
	10. Field and Pool, or exploratory Area Eunice Monument G/SA
	11. County or Parish, State Lea N.M.

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input checked="" type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input checked="" type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Other	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

5-6-96

Plugged & abandoned location is cleaned and ready for final inspection.

14. I hereby certify that the foregoing is true and correct

Signed [Signature] Title Admin. Svc. Coord. Date 5-6-96

(This space for Federal or State office use)

Approved by (ORIG. S&D.) JOE G. LARA Title PETROLEUM ENGINEER Date 6/14/96

Conditions of approval, if any: