

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 88241-1980

**DISTRICT II**

P.O. Drawer DD, Artesia, NM 88210

**DISTRICT III**

1000 Rio Brazos Rd., Aztec, NM 87410

**OIL CONSERVATION DIVISION**

2040 Pacheco St.

Santa Fe, NM 87505

WELL API NO.

30-025-06001

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

T. Anderson

8. Well No.

1

9. Pool name or Wildcat

Eumont Yates 7RQ

**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 ☐

GAS  
WELL ☒

OTHER

2. Name of Operator

Amerada Hess Corporation

3. Address of Operator

P. O. Box 840, Seminole, Texas 79360

4. Well Location

Unit Letter K : 1980 Feet From The South Line and 1980 Feet From The West Line

Section 8 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:**

PERFORM REMEDIAL WORK

☒

PLUG AND ABANDON

☐

TEMPORARILY ABANDON

☐

CHANGE PLANS

☐

PULL OR ALTER CASING

☐

OTHER:

☐

**SUBSEQUENT REPORT OF:**

REMEDIAL WORK

☐

ALTERING CASING

☐

COMMENCE DRILLING OPNS.

☐

PLUG AND ABANDONMENT

☐

CASING TEST AND CEMENT JOB

☐

OTHER:

☐

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, remove wellhead, install BOP & TOH w/tbg. RU Schlumberger & add perms. in Eumont Zone using 4" hegs csg. gun w/4 SPF, total 208 shots, at following: 3060' - 3070', 3090' - 3110', 3116' - 3125', & 3133' - 3145'. Acidize perms. fr. 2830' - 3145' w/3300 gal. 15% HCL acid. Swab load & return to production.

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 Admin. Svc. Coord.

DATE 7-27-98

TYPE OR PRINT NAME Roy L. Wheeler, Jr.

TELEPHONE NO. 915 758-6700

(This space for State Use)

ORIGINAL SIGNED BY CHIEF OF DIVISION  
DISTRICT FOUR ADVISOR

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: