SANTA FE	
DISTRIBUTION	
STATE	
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 [XX] Fee [ ]

5. State Oil & Gas Lease No.: B-869

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. Oil Well [XX] Gas Well [ ] Other-

7. Unit Agreement Name:

2. Name of Operator: Amerada Hess Corporation

8. Farm or Lease Name: State "F"

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

9. Well No.: 2

4. Location of Well: Unit Letter L, 1980 Feet from the South Line and 660 Feet from the West Line, Section 36, Township 19-S, Range 36-E, NMPM.

10. Field and Pool, or Wildcat: Eunice-Monument (G-SA)

15. Elevation (Show whether DF, RT, GR, etc.)

12. County: Lea

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

NOTICE OF INTENTION TO:

- Perform Remedial Work [XX]
- Temporarily Abandon [ ]
- Pull or Alter Casing [ ]
- Plug and Abandon [ ]
- Change Plans [ ]
- Other [ ]

SUBSEQUENT REPORT OF:

- Remedial Work [ ]
- Commence Drilling Opns. [ ]
- Casing Test and Cement Job [ ]
- Altering Casing [ ]
- Plug and Abandonment [ ]
- Other [ ]

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.

Plan to: Pull production equipment, selectively perforate OH 3785' - 3939'. Check fill, clean out if necessary. Run tubing & packer, acidize w/7000 gals. 15% NE acid, using boric acid flakes and rock salt blocking agent. Swab back load, run production equipment and resume production.

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

Signed: [signature] Title: Supver., Admin. Services Date: 9-18-75

Orig. Signed By
John Runyan
Geologist

Approved by: _____ Title: _____ Date: _____

Conditions of Approval, if any: