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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 checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. B-1656
7. Unit Agreement Name
8. Farm or Lease Name State "J"
9. Well No. 4
10. Field and Pool, or Wildcat Eumont
12. County Lea

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 - M (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator Amerada Hess Corporation
3. Address of Operator Drawer "D" - Monument, New Mexico 88265
4. Location of Well UNIT LETTER K 2081 FEET FROM THE West LINE AND 1980 FEET FROM THE South LINE, SECTION 2 TOWNSHIP 20S RANGE 36E N.M.P.M.
15. Elevation (Show whether DF, RT, GR, etc.) 3588' GR

16. 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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	
		OTHER <input type="checkbox"/>	

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.

Acidized Eumont Gas Zone 4½" Csg.Perfs. 3348-3467 with 2000 gals.
15% LST FE Acid. Swabbed and returned to production.

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

SIGNED <u>H. O. Porten</u>	TITLE <u>Admin. Serv. Supv.</u>	DATE <u>6/10/76</u>
APPROVED BY <u>[Signature]</u>	TITLE <u>[Signature]</u>	DATE <u>6/11/76</u>

CONDITIONS OF APPROVAL, IF ANY: