

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on
reverse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. LC055715
2. NAME OF OPERATOR Amerada Hess Corporation		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR Drawer D, Monument, New Mexico 88265		7. UNIT AGREEMENT NAME North Monument G/SA Unit B1k. 17
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 760' FNL & 1780' FWL		8. FARM OR LEASE NAME
14. PERMIT NO.	9. WELL NO. 3	
15. ELEVATIONS (Show whether DF, RT, OR, etc.)	10. FIELD AND POOL, OR WILDCAT Eunice Monument G/SA	
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 33, T19S, R37E
17. 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.)*		12. COUNTY OR PARISH 13. STATE Lea N.M.

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input checked="" type="checkbox"/> Casing Test.	

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

3-6 thru 3-10-92
MIRU D A & S Oil Well Svc. pulling unit & TOH w/rods & pump. Removed well head & installed BOP. TOH w/tbg. Ran 3-3/4" bit to 3801' & TOH. TIH w/4-1/2" Baker Md. R dbl. grip pkr. & set at 3693'. Rowland Trk. loaded csg. & press. tested csg. to 500# for 35 min. Held OK. Chart attached. Released pkr. & TOH laying down tbg. & pkr. Removed BOP & installed well head. RDPU & cleaned location. Closed well in for future North Monument G/SA Unit operations.

APPROVED FOR 12 MONTH PERIOD

ENDING 3/8/93

18. I hereby certify that the foregoing is true and correct
SIGNED [Signature] TITLE Supv. Adm. Svc. DATE 4-6-92
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE 4-14-92
CONDITIONS OF APPROVAL, IF ANY:

SEE INSTRUCTIONS ON REVERSE SIDE