

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.
Santa Fe, NM 87504

DISTRICT I
1625 N. French Dr., Hobbs, NM 88240

DISTRICT II
811 S. First, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO. 30-025-27303
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil / Gas Lease No.
7. Lease Name or Unit Agreement Name North Monument G/SA Unit Bik. 13
8. Well No. 1
9. Pool Name or Wildcat Eunice Monument G/SA
10. Elevation (Show whether DF, RKB, RT,GR, etc.)

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 Water Injection Well.

2. Name of Operator
Amerada Hess Corporation

3. Address of Operator
P.O. Box 840, Seminole, TX 79360

4. Well Location
Unit Letter A : 990 Feet From The North Line and 480 Feet From The East Line
Section 35 Township 19S Range 36E NMPM Lea COUNTY

11. 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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPERATIONS <input type="checkbox"/>
OTHER: _____ <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: _____ <input type="checkbox"/>

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/inj. eqpt. TIH w/CIBP set at 3755'. Circ. pkr. fluid & press. test csg. TA well for future NMGSAU operations.

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

SIGNATURE Roy L. Wheeler, Jr. TITLE Bus. Svc. Spec. II DATE 04/05/2001

TYPE OR PRINT NAME Roy L. Wheeler, Jr. TELEPHONE NO. 915-758-6778

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE APR 26 2001

CONDITIONS OF APPROVAL, IF ANY:

O.P.S. Paid in Geology

DeSoto 2000 1.0

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