

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

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

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-025-31503

5. Indicate Type of Lease
STATE FEE

6. State Oil & Gas Lease No.

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.)

7. Lease Name or Unit Agreement Name

NORTH MONUMENT G/SA UNIT
BLK. 16

1. Type of Well:
OIL WELL GAS WELL OTHER

8. Well No.

3

2. Name of Operator
AMERADA HESS CORPORATION

9. Pool name or Wildcat

EUNICE MONUMENT G/SA

3. Address of Operator
POST OFFICE DRAWER D, MONUMENT, NEW MEXICO 88265

4. Well Location
Unit Letter C : 735 Feet From The NORTH Line and 1840 Feet From The WEST Line

Section 32 Township 19S 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
- TEMPORARILY ABANDON
- PULL OR ALTER CASING
- OTHER: Intent to convert to Injection Well.
- PLUG AND ABANDON
- CHANGE PLANS

SUBSEQUENT REPORT OF:

- REMEDIAL WORK
- COMMENCE DRILLING OPNS.
- CASING TEST AND CEMENT JOB
- OTHER:
- ALTERING CASING
- PLUG AND ABANDONMENT

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.

NMGSAU #1603

Move in and rig up pulling unit. TOH with rods and pump. Nipple down wellhead. Nipple up BOP. TOH with tubing. TIH with pinpoint injection packer on tubing to 3,896'. Test tubing to 3,000#. Rig up acid company. Acidize well with 3,000 gals. 15% NEFE DI HCL w/3% DP-77MX Micellar solvent (using rock salt as diverting agent as needed). Swab/flow back load. TOH w/tubing and packer, laying down production tubing. Pick up and TIH w/2 3/8" coated injection tubing w/injection packer. Nipple down BOP. Nipple up injection wellhead assembly. Rig down and move out pulling unit. Clean and clear location.

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

SIGNATURE Terry L. Harvey TITLE Staff Assistant DATE 10-24-94
TYPE OR PRINT NAME Terry L. Harvey TELEPHONE NO. 393-2144

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT SUPERVISOR

APPROVED BY _____ TITLE _____ DATE OCT 28 1994

CONDITIONS OF APPROVAL, IF ANY: