

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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.
30-025-33670

5. Indicate Type of Lease
STATE FEE

6. State Oil & Gas Lease No.
N/A

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	7. Lease Name or Unit Agreement Name W.A. WEIR
2. Name of Operator Amerada Hess Corporation	8. Well No. 12
3. Address of Operator P.O. Box 2040, Houston, TX 77252-2040	9. Pool name or Wildcat MONUMENT/ABO
4. Well Location Unit Letter <u>L</u> : <u>2130</u> Feet From The <u>SOUTH</u> Line and <u>560</u> Feet From The <u>WEST</u> Line Section <u>35</u> Township <u>19S</u> Range <u>36E</u> NMPM <u>LEA</u> County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3617' GR	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK PLUG AND ABANDON
 TEMPORARILY ABANDON CHANGE PLANS
 PULL OR ALTER CASING
 OTHER: _____

SUBSEQUENT REPORT OF:

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

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.

(CONTINUE)

11-25-96: TOOL. HAD RETURNS THRU-OUT JOB. ND BOP. SET CSG. SLIPS. CUT OFF 5-1/2" CSG. N.U. TBG. HD. TCM 11" 3M X 7-1/16 3M. TEST W/2500 PSI. O.K. RELEASE RIG @ 3:00 P.M. MST. TURNED OVER TO PRODUCTION.

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

SIGNATURE Mike Jumper TITLE ADM. SUPERVISOR DRIG SVS. DATE 11-26-96

TYPE OR PRINT NAME MIKE JUMPER TELEPHONE NO. 713-609-4846

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: