

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.
30-025-34056

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.)

7. Lease Name or Unit Agreement Name
SELBY MAVEETY

1. Type of Well:
OIL WELL GAS WELL OTHER

8. Well No.
4

2. Name of Operator
Amerada Hess Corporation

9. Pool name or Wildcat
MONUMENT/ABO

3. Address of Operator
P.O. Box 2040, Houston, TX 77252-2040

4. Well Location
Unit Letter **N** : **975** Feet From The **SOUTH** Line and **1650** Feet From The **WEST** Line
Section **35** Township **19 S** Range **36 E** NMPM **LEA** County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3608' GR.

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

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

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.

1/4#/SX CF (15.7#-1.18). DISPLACE W/ 168 BBL FRESH WATER @ 10 BBL/MIN. FINAL CIRC W/ 3400 PSI & CLOSE STAGE TOOL @ 1:00 PM MST W/ GOOD RETURNS. NU OCT TCM 7-1/16 3M x 11 3M TBG HD. TEST W/ 2500 PSI, OK. 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 DRILG SVS. DATE 08-07-97

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

(This space for State Use)
ORIGINAL SIGNED BY CHRIS WILLIAMS
DISTRICT I SUPERVISOR

AUG 25 1997

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: