

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103  
Supersedes Old  
C-102 and C-103  
Effective 1-1-65

REGISTRATION	
DATE	
NAME	
ADDRESS	
PHONE	
OPERATOR	

5a. Indicate Type of Lease  
State  Fee

5. State Oil & Gas Lease No.

STANDARD NOTICE OF INTENTION TO DRILL OIL WELLS  
(DO NOT USE THIS FORM FOR WELLS TO BE DRILLED IN A DIFFERENT RESERVOIR.  
SEE RULE 1103 FOR SUCH PROPOSALS.)

1. Type of Well: Oil Well  Gas Well  Other

7. Unit Agreement Name

2. Name of Operator  
Amerada Hess Corporation

8. Farm or Lease Name  
J.G. Hare

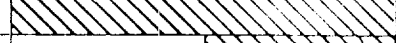
3. Address of Operator  
Drawer "D", Monument, New Mexico 88265

9. Well No.  
4

4. Location of Well  
UNIT LETTER N FEET FROM THE 660 South LINE AND 1880 FEET FROM

10. Field and Pool, or Wellbore  
Blinebry

West 33 LINE, SECTION 21-S RANGE 37-E NMPM.



15. Location (Show whether DF, RT, GR, etc.)

12. County  
Lea

16. 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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input type="checkbox"/>

17. 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.

Pulled production equipment. Ran packer and tubing. Acidized 5-1/2" casing perfs. 5496' to 5925' with 2000 gals. 7-1/2% Unisol acid. Swab tested. Reran production equipment and resumed production.

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

SIGNED [Signature] TITLE Supver., Admin. Services DATE 11-22-74

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: