

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

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

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

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

WELL API NO.
30-025-00048

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

C.W. ROBINSON "A"

1. Type of Well:
OIL WELL GAS WELL OTHER CI

8. Well No.

2

2. Name of Operator
AMERADA HESS CORPORATION

9. Pool name or Wildcat
MOORE DEVONIAN

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

4. Well Location
Unit Letter I : 660 Feet From The EAST Line and 1980 Feet From The SOUTH Line

Section 14 Township 11-S Range 32-S 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: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING CASING TEST AND CEMENT JOB
OTHER: OTHER:

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. RUN 5-1/2" CAUGE RING AND JUNK BASKET TO ±10,520' & TOH. TIH WITH 5-1/2" CIBP & SET AT ±10,520'. RUN PKR. & TEST CIBP TO 2000#. RELEASE PKR. & CIRC. HOLE WITH TREATED FLUID. PRESS. TEST CSG. TO 500# FOR 30 MIN. & OBTAIN CHART. NOTE: NOTIFY NMOCD 24 HRS. BEFORE TEST. TOH W/PKR. CIRC. WELL W/PKR. FLUID. REMOVE BOP & INSTALL WELL HEAD. RDPU & CLEAN LOCATION. TA WELL.

24 HOURS PRIOR TO COMMENCING WORK

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

SIGNATURE R. L. Wheeler, Jr. TITLE SUPRV. ADMIN. SER. DATE 11/6/91

TYPE OR PRINT NAME R. L. Wheeler, Jr. TELEPHONE NO. 393-2144

(This space for State Use)
ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

NOV 08 1991

RECEIVED

NOV 07 1991

JCD
HOBBS OFFICE