

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

OIL CONSERVATION DIVISION

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

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

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

WELL API NO. 30-021
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name NORMAN AND ESTER LIBBY
8. Well No. 1
9. Pool name or Wildcat BUEYEROS

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> CO2 OTHER	
2. Name of Operator AMERADA HESS CORPORATION	
3. Address of Operator DRAWER D, MONUMENT, N.M. 88265	
4. Well Location Unit Letter G : 1980 Feet From The NORTH Line and 1980 Feet From The EAST Line Section 31 Township 20N Range 31E NMPM HARDING County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) GL 4950'	

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

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.

8-29-94

MIRU STINEBUGH WELL SVC. & RAN 1888' 2-3/8" TUBING. CIRC 42 BBL. 9.5 # MUD. SPOT 32 SKS. 15# CEMENT FROM 1888' - 1550'. DISPLACE CEMENT WITH 6 BBL. MUD. PULL TUBING TO 120' & SPOT 12 SKS. CEMENT AT SURFACE. CUT OFF WELLHEAD, WELD ON DRY HOLE MARKER & CUT OFF DEAD MAN ANCHOR. RD UNIT & CLEANED LOCATION. WELL PLUGGED & ABANDONED.

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 ADMIN. SVC. COORD. DATE 9-22-94

TYPE OR PRINT NAME R. L. WHEELER, JR. TELEPHONE NO. (505) 393-2144

(This space for State Use)

APPROVED BY R. L. Wheeler, Jr. DISTRICT SUPERVISOR TITLE ADMIN. SVC. COORD. DATE 10-3-94

CONDITIONS OF APPROVAL, IF ANY