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

OIL CONSERVATION DIVISION '92 SEP 4 PM 10 43

WELL API NO.

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: NORMAN & ESTHER LIBBY

1. Type of Well: OIL WELL ☐ GAS WELL ☒ OTHER

2. Name of Operator: AMERADA HESS CORPORATION

8. Well No.: LIBBY 1

3. Address of Operator: DRAWER D, MONUMENT, NM 88265

9. Pool name or Wildcat: BUEYEROS

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.)

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. PUMP 4% KCL WATER DOWN TUBING TO KILL WELL. REMOVE WELLHEAD AND INSTALL BOP. TOH WITH 2-3/8" P.C. TUBING AND PACKER. TIH WITH CIBP AND SET AT 1900'. DUMP BAIL 10' OF CEMENT ON TOP OF CIBP. LOAD WELL WITH TREATED FLUID AND PRESSURE TEST CASING FROM SURFACE TO PBD WITH 500 PSI FOR 30 MIN. NOTE: CALL NMOCD 24 HRS BEFORE TEST AND OBTAIN CHART. REMOVE BOP, INSTALL WELLHEAD, RDPU AND CLEAN LOCATION . TA WELL.

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

SIGNATURE S. A. Greer TITLE DISTRICT ENGINEER DATE

TYPE OR PRINT NAME GARY GREER TELEPHONE NO. 505-393-2144

(This space for State Use)

APPROVED BY Ry Ephum TITLE DISTRICT SUPERVISOR DATE 9-8-92

CONDITIONS OF APPROVAL, IF ANY: