

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. 30-021-20004
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 DEBACCA
8. Well No. 2Y
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 B : 1047 Feet From The NORTH Line and 1971 Feet From The EAST Line

Section 31 Township 20N Range 31E NMPM HARDING County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
KB 4887'

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER: <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <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 THRU 8-31-94

MIRU MACK WELL SVC. KILLED WELL WITH 13 BBLS. WATER. MIXED & PUMPED 110 SKS. CLASS 'C'  
NEAT CEMENT DOWN 2-3/8" TBG. WOC. CHECKED TOP OF CEMENT & FOUND CEMENT AT SURFACE.  
RD & MO MACK WELL SVC. CUT OFF WELLEHAD & DEAD MAN ANCHORS. INSTALLED DRY HOLE MARKERS  
& 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.  
CONDITIONS OF APPROVAL, IF ANY:

DISTRICT SUPERVISOR

TITLE DATE 10-3-94