

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. 30-021-20065
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. LIBBY 4
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 I : 1980 Feet From The SOUTH Line and 660 Feet From The EAST Line Section 16 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: PERFORM REMEDIAL WORK <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER: <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input 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.

8-30-94

MIRU MACK WELL SERVICE & PUMPED 16 BBLS. WATER TO KILL WELL. MIXED & PUMPED 61 SKS. CLASS 'C' NEAT CEMENT & FILLED TBG. TO SURFACE. RD & MO MACK WELL SVC. INSTALLED DRY HOLE MARKER, CUT OFF DEAD MAN ANCHORS & CLEANED LOCATION. WELL PLUGGED AND 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 DATE 10-3-94

CONDITIONS OF APPROVAL, IF ANY: