

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIP
(Other instructions
reverse side)

Form approved.
Budget Bureau No. 42-R1424.
LEASE DESIGNATION AND SERIAL NO.

HOBBBS, NEW MEXICO 88240

LC-060581

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug a well or to enter a reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> TA		DEC 16 10 32 AM '83		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR Amerada Hess Corporation		BUR. OF LAND MGMT ROSWELL DISTRICT		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR Drawer D, Monument, New Mexico 88265				8. FARM OR LEASE NAME J. T. Caudle	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FSL & 1980' FWL				9. WELL NO. 6	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4258' DF		10. FIELD AND POOL, OR WILDCAT Bagley - Penn.	
				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 3, T12S, R33E	
				12. COUNTY OR PARISH Lea	
				13. STATE N.M.	

16.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input checked="" type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)			

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)			

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Plan to:

1. Clean out well bore to 8950'
 2. Identify location of high pressure gas zone
 3. If zone is below CIBP at 8950', rig down & evaluate f/workover
 4. If zone is the perforated interval fr. 8620' to 8635', acidize & evaluate
- If no high pressure gas zone located, complete csg. integrity test

18. I hereby certify that the foregoing is true and correct

SIGNED Rebecca Lipman

TITLE Pet. Engr.

DATE 12-14-83

(This space for Federal or State use)

APPROVED BY (Signature) PETER W. CHESTER

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

JAN 12 1984

*See Instructions on Reverse Side

RECEIVED

JAN 16 1984

C.C.D.
HOBBS OFFICE