

Form 3600-5 (Rev. 10-83)
November 1983
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UNITED STATES

SUBMIT IN TRIPLI
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

DEPARTMENT OF THE INTERIOR

BUREAU OF LAND MANAGEMENT

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—" for such proposals.)OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Amerada Hess Corporation

3. ADDRESS OF OPERATOR

Drawer D, Monument, New Mexico 88265

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

660' FNL & 660' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3585' DF

5. LEASE DESIGNATION AND SERIAL NO.

LC #1-046164-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

H. W. Andrews

9. WELL NO.

12

10. FIELD AND POOL, OR WILDCAT

Eumont Yates Seven Rivers Queen

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 23, T20S, R36E

12. COUNTY OR PARISH 13. STATE

Lea

N.M.

16.

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETION

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON*

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR WELL

CHANGE PLANS

(Other) Production test

(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 perti-
nent to this work.)*

Test of 9-27-84: Pumped 34 b.o. & no water in 24 hrs. on 3 1/2-34" SPM. Gas vol. 62 MCFPD.

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

SIGNED

E. B. Bales

TITLE

Supv. Adm. Ser.

DATE

9-27-84

ACCEPTED FOR RECORD

(This space for Federal or State office use)

APPROVED BY

SWC

TITLE

DATE

CONDITIONS OF APPROVAL OCT 2 1984

Carlsbad

NEW MEXICO

*See Instructions on Reverse Side

RECEIVED

OCT - 3 1984

O.C.D.
HOBBS OFFICE