

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. 30-025-11264
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
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.)

1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER Injection	7. Lease Name or Unit Agreement Name Langlie Mattix Woolworth Unit
2. Name of Operator Amerada Hess Corporation	8. Well No. 307
3. Address of Operator Drawer D, Monument, New Mexico 88265	9. Pool name or Wildcat Langlie Mattix-SR-QN-GA
4. Well Location Unit Letter P : 660 Feet From The South Line and 660 Feet From The East Line Section 28 Township 24S Range 37E NMPM Lea County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3200' GR	

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: Csg. test. ☒

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.

4-23 thru 4-24-90

MIRU Clarke Oil Well Svc. pulling unit. Press. up on 5-1/2" csg. to 350#. Leaked off 40# in 10 min. Installed BOP & TOH w/tbg. & pkr. Ran repd. 5-1/2" x 2-3/8" Baker AD-1 pkr. on 2-3/8" IPC tbg. Tested to 5000# above slips. Press. up on 5-1/2" csg. to 340# for 25 min. Held OK. Circ. 80 bbls. 2% KCL water w/10 gal. corrosion inhibitor. Set pkr. at 2997' w/20,000# tension. Removed BOP & installed well head. RDMO pulling unit & cleaned location. Resumed injecting water.

Chart attached.

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 Supv. Adm. Svc. DATE 4-27-90
TYPE OR PRINT NAME R. L. Wheeler, Jr. TELEPHONE NO. 505 393-2144

(This space for State Use) ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

MAY 1 1990