

OIL CONSERVATION DIVISION

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-103  
Revised 10-1-78

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SANTA FE	
FILE	✓
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease  
State  Fee

5. 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. OIL WELL  GAS WELL  OTHER- CO2 Gas Well

7. Unit Agreement Name

2. Name of Operator  
AMERADA HESS CORPORATION

8. Farm or Lease Name  
Wilkinson

3. Address of Operator  
P.O. Box 2040, Tulsa, Oklahoma 74102

9. Well No.  
1

4. Location of Well  
UNIT LETTER K 1980 FEET FROM THE North LINE AND 1980 FEET FROM  
THE East LINE, SECTION 4 TOWNSHIP 29N RANGE 31E NMPM.

10. Field and Pool, or Wildcat  
Wildcat

15. Elevation (Show whether DF, RT, GR, etc.)  
6049' GR

12. County  
Union

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK

TEMPORARILY ABANDON

PULL OR ALTER CASING

OTHER \_\_\_\_\_

PLUG AND ABANDON

CHANGE PLANS

SUBSEQUENT REPORT OF:

REMEDIAL WORK

COMMENCE DRILLING OPNS.

CASING TEST AND CEMENT JOBS

OTHER \_\_\_\_\_

ALTERING CASING

PLUG AND ABANDONMENT

17. 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.

Proposed Plugging Procedure:

Date work to begin: 5/84  
Surface casing: 9-5/8" 36# set at 367' (cmt. circ)  
Production casing: 7" 20# set at 1138' (cmt. top at 300' by Temp. log)  
PBD: 1100' (w/CIBP) OTD: 3960'  
Current Status: Perfs from 849'-999' squeezed off

- 1) Fill casing from 1100' to surface w/Class C Neat cmt. while pulling tbq.
- 2) Remove wellhead and install dry hole marker.
- 3) Restore location.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED [Signature] TITLE District Superintendent DATE April 23, 1984

APPROVED BY [Signature] TITLE \_\_\_\_\_ DATE 5-1-84

CONDITIONS OF APPROVAL, IF ANY: