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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

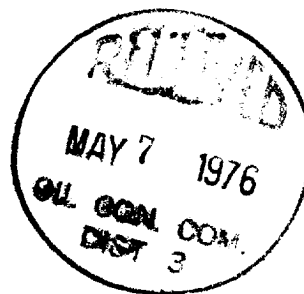
SUNDRY NOTICES AND REPORTS ON WELLS <small>(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)</small>		5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
		5. State Oil & Gas Lease No. E-291
1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER-		7. Unit Agreement Name
2. Name of Operator Amerada Hess Corporation		8. Farm or Lease Name Harvey State
3. Address of Operator Drawer "D" - Monument, New Mexico 88265		9. Well No. 1
4. Location of Well UNIT LETTER N 990 FEET FROM THE South LINE AND 1750 FEET FROM THE West LINE, SECTION 36 TOWNSHIP 25N RANGE 6W NMPM.		10. Field and Pool, or Wildcat Otero Gallup/Basin Dakota
15. Elevation (Show whether DF, RT, GR, etc.)		12. County Rio Arriba

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>
OTHER Commingle <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>

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.

Check for fill. Clean out with notrogen or gas if needed. Acidize Gallup Zone with 1500 Gals. 15% NE acid. Swab back load and resume production.

Plan to downhole commingle Gallup and Dakota Zones. Ref. NMOCC ORDER NO° R-5138.



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

SIGNED H.D. Porter TITLE Admin. Serv. Supv. DATE 5/5/76

APPROVED BY Original Signed by A. R. Kendrick SUPERVISOR DIST. #3 DATE MAY 7 1976

CONDITIONS OF APPROVAL, IF ANY: