

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO. 30-025-00113
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name EAST CAPROCK S.W.D.
8. Well No. 2
9. Pool name or Wildcat DEVONIAN

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 GAS WELL OTHER SALT WATER DISPOSAL

2. Name of Operator
AMERADA HESS CORPORATION

3. Address of Operator
DRAWER D, MONUMENT, NEW MEXICO 88265

4. Well Location
 Unit Letter B : 330 Feet From The NORTH Line and 2310 Feet From The EAST Line
 Section 14 Township 12S Range 32E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

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

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <u>ACIDIZED WELL</u> <input checked="" type="checkbox"/>

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.

11-21-94

MIRU FIVE STAR CONSOLIDATED CO. & ACIDIZED DEVONIAN ZONE O.H. FR. 11,205' - 11,651' W/5000 GAL. 15% NEFE HCL ACID. RESUMED DISPOSING WATER ON VACUUM.

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 ADMIN. SVC. COORD. DATE 12-14-94

TYPE OR PRINT NAME R.L. WHEELER, JR. TELEPHONE NO. (505) 393-2144

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

DEC 20 1994