

NEW MEXICO OIL CONSERVATION COMMISSION

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FILE		
U.S.G.S.		
LAND OFFICE		
OPERATOR		

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. Unit Agreement Name
2. Name of Operator Amerada Hess Corporation		8. Farm or Lease Name W.E. Mathers "A"
3. Address of Operator Drawer "D", Monument, New Mexico 88265		9. Well No. 1
4. Location of Well UNIT LETTER B, 1980 FEET FROM THE East LINE AND 660 FEET FROM THE North LINE, SECTION 3 TOWNSHIP 12-S RANGE 33-E NMPM.		10. Field and Pool, or Wildcat Bagley/Penn
15. Elevation (Show whether DF, RT, GR, etc.) 4257' DF		12. County Lea

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <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.

Pulled production equipment, cleaned out 6' of 2-3/8" tubing and packer. Ran production equipment with packer set at 9285' and returned to production.

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

SIGNED H. O. Porter TITLE Admin. Services Supvr. DATE 3/26/76

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: