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LAND OFFICE		
OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION

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

SEP 7 1 40 1969

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- **Salt Water Disposal Well**

2. Name of Operator
Amerada Hess Corporation

3. Address of Operator
P.O. Drawer 817, Seminole, Texas 79360

4. Location of Well
UNIT LETTER **J**, **1982.75** FEET FROM THE **South** LINE AND **1414.70** FEET FROM THE **East** LINE, SECTION **11** TOWNSHIP **13-S** RANGE **R-38E** NMPM.

7. Unit Agreement Name

8. Farm or Lease Name
L.W. Ward

9. Well No.
~~S.W.D.W. No. 1~~

10. Field and Pool, or Wildcat

15. Elevation (Show whether DF, RT, GR, etc.)
3810' D.F.

12. County
Lea

16. 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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER Convert to S.W. Disposal Well as per C-101, 5-8-69 <input checked="" type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input checked="" 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 1703.

Originally completed in the Wolfcamp Zone 1-23-55. Temporarily abandoned 12-4-60.
From 6-30-69 thru 7-14-69, drilled 4-3/4" hole from 9660' to 9981'. Set 5 1/2" packer at 9495' and 3 1/2" tubing at 9487'.

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

SIGNED [Signature] TITLE **Assistant Dist. Superintendent** DATE **August 29, 1969**

Amerada Division

APPROVED BY [Signature] TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: