

NEW MEXICO OIL CONSERVATION COMMISSION

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

5a. Indicate Type of Lease  
State  Fee

5. State Oil & Gas Lease No.

7. Unit Agreement No.

8. Form or Lease Name  
MADDUX

9. Well No.  
1

10. Field and Pool, or Name  
BRONCO SILURO-DEVONIAN

12. County  
LEA

SUMMARY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR WELLS IN DIFFERENT RESERVOIRS)

1.  OIL WELL  GAS WELL  OTHER

2. Name of Operator  
AMERADA HESS CORPORATION

3. Address of Operator  
DRILLING SERVICES, P. O. BOX 2040, TULSA, OKLAHOMA 74102

4. Location of Well  
UNIT LEASE M 660 FEET FROM THE SOUTH LINE AND 660 FEET FROM THE WEST LINE SECTION 11 TOWNSHIP 13S RANGE 38E

11. Location (State whether D, E, G, etc.)  
3794 GR

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK  PLUG AND ABANDON  REMEDIAL WORK  ALTERING CASING

TEMPORARILY ABANDON  CHANGE PLANS  COMMENCE DRILLING OPNS.  PLUG AND ABANDONMENT

PULL OR ALTER CASING  OTHER  CASING TEST AND CEMENT JOB  OTHER

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 1105.

2/26/88-- SPUDDED 17½" HOLE 6:30 AM.

2/27/77-- RAN 10 JT 13-3/8" 48# H-40 CSG TO 385'. CEMENTED WITH 400 SX CLASS 'C' WITH ADDITIVES. CIRC 2 BBL (10SX) TO SURFACE. 6 HRS WOC. INSTALLED AND TESTED CASING HEAD TO 5000 PSI. NIPPLE UP BOP. TESTED BLIND RAMS AND CHOKE MANIFOLD TO 1000 PSI, TESTED PIPE RAM, ANNULAR PREVENTERS, HCR VALVES AND MANUAL VALVES TO 1000 PSI. TESTED CASING TO 1000 PSI, ALL TEST OK.

DRILLED CEMENT, FLOAT INSERT, FIRM CEMENT IN SHOE JT AND STARTED DRILLING FORMATION FROM 385'.

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

SIGNED J. R. Wilson TITLE SUPERVISOR DRLG ADMIN SVS DATE 3/08/88

ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE MAR 14 1988

CONDITIONS OF APPROVAL, IF ANY: