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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

5a. Indicate Type of Lease  
State  Free   
5. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS  
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL, 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   
7. Unit Agreement Name

2. Name of Operator: Amerada Hess Corporation  
8. Form or Lease Name: V. Laughlin

3. Address of Operator: Drawer "D", Monument, New Mexico 88265  
9. Well No.: 1

4. Location of Well  
UNIT LETTER D 660 FEET FROM THE North LINE AND 660 FEET FROM  
THE West LINE, SECTION 9 TOWNSHIP 20-S RANGE 37-E NMPM.  
10. Field and Pool, or Wildcat: Eumont

15. Elevation (Show whether DF, RT, GR, etc.)  
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 <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <u>Temp. Abandon</u> <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 1103.

Pulled production equipment. Set Alum. Bridge Plug at 3550' with sand on top.  
Ran production tubing and packer. Swabbed well. Non-Commercial.  
Closed all valves and T.A.

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

SIGNED [Signature] TITLE Superv., Admin. Services DATE 4-3-75

APPROVED BY [Signature] TITLE Geologist DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: