

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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SANTA FE	☒
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

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- CO2 Gas Well	7. Unit Agreement Name
2. Name of Operator AMERADA HESS CORPORATION	8. Farm or Lease Name Burner
3. Address of Operator P.O. Box 2040, Tulsa, Oklahoma 74102	9. Well No. 1
4. Location of Well UNIT LETTER K 1980 FEET FROM THE South LINE AND 1980 FEET FROM West LINE, SECTION 9 TOWNSHIP 30N RANGE 31E NMPM.	10. Field and Pool, or WHdcat Wildcat
11. Elevation (Show whether DF, RT, GR, etc.) 6052' GR	12. County Union

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

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 1103.

Proposed Plugging Procedure:

Date work to begin: 5/84
Surface casing: 9-5/8" 36# set at 330' (cmt. circ.)
Production casing: 7" 20# set at 2007' (cmt. top at 989' by Bond log)
PBD: 1900' OTD: 3728'
Glorieta perms: 1560'-1618'; Current Status: TA

- 1) Pull downhole equipment
- 2) Squeeze Glorieta perms. down casing w/Class C neat cmt.
- 3) Leave 7" casing full of cement from 1560' to surface.
- 4) Remove wellhead and install dry hole marker.
- 5) Restore location.

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

SIGNED [Signature] TITLE District Superintendent DATE April 23, 1984

APPROVED BY _____ TITLE _____ DATE 5-1-84

CONDITIONS OF APPROVAL, IF ANY: