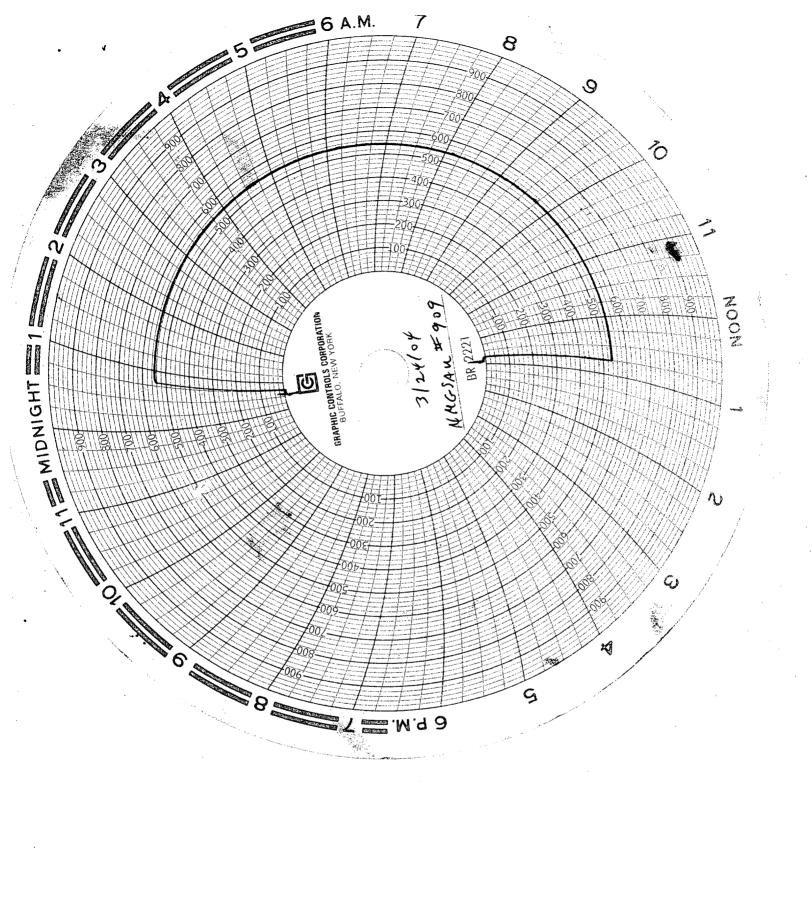
Submit 3 Copies To Appropriate District Office	State of New Mexico				Form C-103
District I 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources			WELL API NO.	Revised May 08, 2003
District II	OIL CONSERVATION DIVISION			30-025-04062	
1301 W. Grand Ave., Artesia, NM 88210 District III	1220 South St. Francis Dr.			5. Indicate Type	
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87505			STATE 6. State Oil & G	X FEE as Lease No
1220 S. St. Francis Dr., Santa Fe, NM 87505				B-218-1	
SUNDRY NOTICES AND REPORTS ON WELLS				7. Lease Name of	or Unit Agreement Name
(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.)				North Monument G/SA Unit Blk. 9	
1. Type of Well:				8. Well Number	
Oil Well Gas Well X Other Injection well				9	
Name of Operator Amerada Hess Corporation				9. OGRID Number 000495	
3. Address of Operator				10. Pool name or Wildcat	
P.O. Box 840 Seminole, Texas 79360 4. Well Location				Eunice Monument Grayburg San Andres	
Unit Letter ! :_ Section 25	1980 feet from the Township 11. Elevation (Show wh	19S Ra	inge 36E	NMPM	om the <u>East</u> line County Lea
The second secon	11. Elevation (Show wh	ieiner DK,	KKB, KI, GK, etc.	.)	
	Appropriate Box to In	dicate N	ature of Notice,	Report or Other	r Data
NOTICE OF IN		_		SEQUENT RE	
PERFORM REMEDIAL WORK	PLUG AND ABANDON		REMEDIAL WOR	RK 🗵	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS			ILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING TEST A CEMENT JOB	ND	
OTHER:			OTHER:		
13. Describe proposed or complete of starting any proposed wo or recompletion.					tes, including estimated date ram of proposed completion
3/24/2004 thru 3/25/2004 MIRU Tyler Well Svc, found	0# pressure on csa. Inst:	alled 6" 90	0 BOP released 5	1/2" pkr TOH with	7617181920 28 pkr. Found Bole
in tbg. TIH w/pkr & poly lined clean. Set pkr @ 3725'. Pre	d hydro tested tbg. Remo	ved BOP,	installed wellhead.	Pate Trucking MIF	RU & circulated csg.
I hereby certify that the information a	above is true and complet	te to the be	est of my knowledg	ge and belief	
SIGNATURE (MO)	1 W/400		enior Advisor		DATE 4/12/2004
Type or print name Carol J. Moo	omas:	e@hess.c	om	Talan	hone No. (432)758-6738
(This space for State use)	re cinoor				110110 140. (432)/38-0/38
APPPROVED BY Lary W	· Wink	OC FIE	LD REPRESENTAT	TVE II/STAFF MAI	APR 1 9 2004
Conditions of approval, if an		*45%.00	contributed by the state of the	new).	



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