

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
March 4, 2004

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-025-36691
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name North Monument G/SA Unit 2119
8. Well Number 336
9. OGRID Number 000495
10. Pool name or Wildcat Eunice Monument; Grayburg-San Andres

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. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other	
2. Name of Operator Amerada Hess Corporation	
3. Address of Operator P.O. Box 840 Seminole, TX 79360	
4. Well Location Unit Letter <u>B</u> : <u>130</u> feet from the <u>North</u> line and <u>2402</u> feet from the <u>East</u> line Section <u>5</u> Township <u>20S</u> Range <u>37E</u> NMPM County <u>Lea</u>	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3560' GL	

Pit or Below-grade Tank Application (For pit or below-grade tank closures, a form C-144 must be attached)

Pit Location: UL _____ Sect _____ Twp _____ Rng _____ Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____
Distance from nearest surface water _____ Below-grade Tank Location UL _____ Sect _____ Twp _____ Rng _____ ;
_____ feet from the _____ line and _____ feet from the _____ line

12. 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"/>
TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input checked="" type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/>
OTHER: <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>
	OTHER: Running Surface Casing <input checked="" type="checkbox"/>

13. 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion. 7/12/2004 thru 7/13/2004
MIRU Key Energy rig #7. Spud well @ 17:00 hrs 7/12/2004 (16" conductor set & cemented @ 60'). Drill from 60' to 383'. Survey @ 383' = 3/4 deg. Drill to 881'. Survey @ 841' = 3/4 deg. Drill to 1200'. Circulate & condition hole. RU Csg crew and run 28 jts 8 5/8" 24# J-55 STC casing to 1200'. Circulate and cement w/BJ. Pumped 350 sx Class C cement +2% CACL2 + 4% Bentonite mixed @ 13.5 ppg. Tail w/200 sx Class C cement w/2% CACL2 mixed @ 14.8 ppg. Bumped plug w/1100 psi. WOC 6 hrs. Nipple up and test BOP's test pipe rams and lines to 250/1500 psi. Test annular to 250/1500 psi. Test casing to 1000 psi. Test shoe to 150 psi = 12.0 ppg.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Carol J. Moore TITLE Senior Advisor, Regulatory DATE 7/21/2004

Type or print name Carol J. Moore E-mail address: cmoore@hess.com Telephone No. (432)758-6738

(This space for State use)

APPROVED BY Harry W. Wink TITLE _____ DATE 27 2004

Conditions of approval, if any

OC FIELD REPRESENTATIVE II/STAFF MANAGER