

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. 30-025-36815
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 Fred Turner Jr B
8. Well Number 008
9. OGRID Number 000495
10. Pool name or Wildcat Skaggs; Drinkard (57000), Warren; Tubb (Oil 63280) Blinbry Oil and Gas (Oil 6660), Warren; Abo, West (62940)

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 ☒ Gas Well ☐ Other

2. Name of Operator
Amerada Hess Corporation

3. Address of Operator P.O. Box 840
Seminole, TX 79360

4. Well Location
Unit Letter O : 390 feet from the South line and 1980 feet from the East line
Section 17 Township 20S Range 38E NMPM County Lea

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3553' 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: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/> OTHER: <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input checked="" type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/> CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/> OTHER: Run 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. 8/27/2004 thru 8/30/2004
MIRU Key Rig #7. Spud well @ 07:00 hrs 8/27/2004 (16" conductor set & cemented @ 60'). Drill from 60' to 289'. Survey @ 249' = 3/4 deg. Drill to 723'. Survey @ 683' = 3/4 deg. Drill to 1161'. Survey @ 1121' = 3/4 deg. Drill to 1513'. Survey @ 1497' = 1/2 deg. Circulate & condition hole. Run 35 jts 8 5/8" 24# J-55 casing. Rig up BJ Lines. Pumped 500 sx Class 'C' cement +2% CACL2 + 4% @ 13.5 ppg. Tail w/250 sx Class 'C' cement w/2% CACL2 mixed @ 14.8 ppg. Had 22 bbls (71 sx) cement returns to surface. Bumped plug w/1300 psi. WOC 6 hrs. Nipple up and test BOP's test pipe rams and lines to 250/1500 psi. Test casing to 1000 psi. Drill out float eqpt. to 1523'. Test to 180 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 9/20/2004

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 Larry W. Wink TITLE OCD FIELD REPRESENTATIVE II/STAFF MANAGER DATE SEP 22 2004
Conditions of approval, if any: