

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. 30-025-36913
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B-1167-48
7. Lease Name or Unit Agreement Name North Monument G/SA Unit 1431
8. Well Number 337
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 ☒ 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 L : 2630 feet from the South line and 150 feet from the West line  
Section 36 Township 19S Range 36E NMPM County Lea

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
3594' 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"/> ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input checked="" type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>
OTHER: <input 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. 10/30/2004 thru 10/31/2004

MIRU Key Energy rig #7. Spud well @ 09:00 hrs 10/30/2004 (16" conductor set & cemented @ 60'). Drill to 432'. Survey @ 403' = 1 deg. Circulate & condition hole. RU Csg crew and run 10 jts 8 5/8" 24# J-55 STC casing to 432'. Circulate and cement w/BJ. Pumped 400 sx Class C cement +2% CACL2 @ 14.8 ppg. Bumped plug w/1300 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 11/10/2004

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 Hayward W. Wink TITLE FIELD REPRESENTATIVE II/STAFF MANAGER DATE NOV 23 2004  
Conditions of approval, if any: