Submit 3 Copies To Appropriate District Office	State of New Mexico			Form C-103
District I 1625 N. French Dr., Hobbs, NM 88240			WELL API NO.	
District II 1301 W. Grand Ave., Artesia, NM 88210	OH CONCEDUATION DURISION		30-025-05729	
District III	rict III 1220 South St. Francis Dr.		5. Indicate Type	
1000 Rio Brazos Rd., Aztec, NM 87410 District IV Santa Fe, NM 87505		7505	STATE 6. State Oil & G	FEE X
1220 S. St. Francis Dr., Santa Fe, NM 87505			o. s.m.e o & o	as Doube 110.
SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name (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			North Monument G/SA Unit Blk. 11	
PROPOSALS.)			8. Well Number	
1. Type of Well: Oil Well				
2. Name of Operator			9. OGRID Num	har
Amerada Hess Corporation			000495	UCI .
3. Address of Operator			10. Pool name or Wildcat	
	inole, TX 79360		Eunice Monum	nent G/SA
4. Well Location				
Unit Letter J : 198	go feet from the South	line and	1980 feet fro	om the East line
Section 29 Township 19S Range 37E NMPM County Lea				
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3607' GR				
Pit or Below-grade Tank Application (For pit or				<i>e</i>
Pit Location: ULSectTwpR	ngPit typeD	epth to Groundwater	Distance from n	earest fresh water well
Distance from nearest surface water	Below-grade Tank Location UL_	SectTwp_	Rng;	SI 199
feet from theline and	_feet from theline			
12. Check Appro NOTICE OF INTEN PERFORM REMEDIAL WORK ☐ PL			SEQUENT RE	
TEMPORARILY ABANDON CH	ANGE PLANS	COMMENCE DRIL	.LING OPNS.	PLUG AND
PULL OR ALTER CASING	ULTIPLE MPLETION	CASING TEST AN CEMENT JOB	D 🗆	ABANDONMENT
OTHER: Convert from water inj. to oil pe	roducer 🔀	OTHER:		
13. Describe proposed or completed		1	give pertinent det	an including estimated data
or starting any proposed work). or recompletion. 3/2005	SEE RULE 1103. For Multip	le Completions: Atta	ach wellbore diagi	ram of proposed completion
Plan to MIRU pulling unit & pull inject producer.	tion equipment. Acidize open	hole. Swab well. Ru	in production equi	pment and return well to
I hereby certify that the information above grade tank has been/will be constructed or closed	e is true and complete to the be according to NMOCD guidelines	est of my knowledge], a general permit [] o	and belief. I furth	er certify that any pit or below- native OCD-approved plan
SIGNATURE (MOX)	WOOL TITLE	Senior Advisor, Regu	ılatory	DATE 3/18/2005
Type or print name Carol J. Moore	E-mail ad	dress: cmoore@hes	ss.com T	elephone No. (432)758-6738
(This space for State use)	1.1			
APPPROVED BY Lary W.	WWW BIELEREE	RESENTATIVE II/S	TAFF MANAG	DATE
Conditions of approval, if any	The second secon	The second secon		MAR 2 3 2005