

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
May 27, 2004

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

WELL API NO. 30-025-05623
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B-1382-4
7. Lease Name or Unit Agreement Name North Monument G/SA Unit Blk. 2
8. Well Number 13
9. OGRID Number 495
10. Pool name or Wildcat Eunice Monument G/SA
11. Elevation (Show whether DR, RKB, RT, GR, etc.)

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 type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other Water Injection Well
2. Name of Operator Amerada Hess Corporation
3. Address of Operator P.O. Box 840 Seminole, TX 79360
4. Well Location Unit Letter M : 660 feet from the South line and 660 feet from the West line Section 18 Township 19S Range 37E NMPM County Lea

Pit or Below-grade Tank Application ☐ or Closure ☐

Pit type	Depth to Groundwater	Distance from nearest fresh water well	Distance from nearest surface water
Pit Liner Thickness:	mil	Below-Grade Tank: Volume	bbls; Construction Material

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 checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input 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.

7/11/2005 thru 7/14/2005

MIRU Tyler Well Svc & installed 6" 900 BOP. Tag Top of fill @ 4018'. Cleaned out fill to TD @ 4041' & circ. clean. TOH w/tbg & bit. TIH w/5" pkr & RBP set @ 3827'. Test to 1000 psi. Isolated csg leak between 3490'-3590'. Released pkr & tbg. TOH w/tbg & RBP. TIH w/5" pkr. Remove 6" 900 BOP, circ. 150 bbls pkr fluid. Test & chart csg to 580 psi. NMOCD notified but did not witness. RDPD & cleaned location. Return well to injection. Chart attached.



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 7/22/05

Type or print name Carol J. Moore

E-mail address: cmoore@hess.com

Telephone No. (432)758-6738

For State Use Only

APPROVED BY: [Signature] TITLE FIELD REPRESENTATIVE II/STAFF MANAGER DATE

Conditions of Approval (if any):

JUL 25 2005

