Submit 3 Copies To Appropriate District Office	State of New	Mexico	Form C-103
District I	Energy, Minerals and Natural Resources		May 27, 2004
1625 N. French Dr., Hobbs, NM 88240 District II			WELL API NO. 70-025-24932
1301 W. Grand Ave., Artesia, NM 88210			5. Indicate Type of Lease
<u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.		STATE X FEE
District IV	Santa Fe, NM 87505		6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505			B-3672
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			State X
PROPOSALS.)		9 Wall Number	
1. Type of Well: Oil Well X Gas Well Other 2. Name of Operator		UZ	
Amerada Hess Corporation			9. OGRID Number 495
3. Address of Operator		10. Pool name or Wildcat	
P.O. Box 840 Seminole, TX 79360		Monument-Paddock	
4. Well Location			
Unit Letter L: 1980 feet from the South line and 990 feet from the West line			
Section 16 Township 20S Range 37E NMPM County Lea			
11. Elevation (Show whether DR, RKB, RT, GR, etc.)			
3515.6' GL 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			
TEMPORARILY ABANDON X			ILLING OPNS. P AND A
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMEN	IT JOB
OTHER:		OTHER:	
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.			
of recompletion.			
40/40/0005			
12/12/2005 Plan to MIRU PU, set 4 1/2" CIBP @ +/- 5000', circulate pkr fluid, pressure test casing and TA well.			
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			OCD A
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 TITLE Senior Advisor/Regulatory DATE 12/12/2005			
Type or print name Carol J. Moore For State Use Only	U PCI	ELD REPRESENTAT	VE II/STAFF MANAGER ess.com Telephone No. (432)758-6738
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APPROVED BY: X/W/U Conditions of Approval (if my):	LUMB TITLE	₹	DATE DEC 1 3 2005