Submit 3 Copies To Appropriate District State of New Mexico For	m C-103
	ay 27, 2004
1625 N. French Dr., Hobbs, NM 88240 WELL API NO. 30.025.05903	
1301 W. Grand Ave., Artesia, NM 88210 OIL CONSERVATION DIVISION 5 Indicate Type of Lease	
District II 1220 South St. Francis Dr. STATE FEE	X
District IV Santa Fe, NM 8/305 6. State Oil & Gas Lease No.	
1220 S. St. Francis Dr., Santa Fe, NM 87505	
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 7. Lease Name or Unit Agreeme E.S. Adkins	nt Name
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other 8. Well Number 3	
2. Name of Operator 9. OGRID Number	
Amerada Hess Corporation 495 3. Address of Operator 10. Pool name or Wildcat	
P.O. Box 840 Seminole, TX 79360 Eunice Yates 7 RQ	
4. Well Location	
Unit Letter M: 330 feet from the South line and 330 feet from the West	line
Section 5 Township 20S Range 37E NMPM County Le	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	
3568' DF	
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: PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☒ TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE DRILLING OPNS.☐ P AND A PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐ CASING/CEMENT JOB ☐	ASING
OTHER: OTHER:	
13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including es	imated date
of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed or recompletion.	
Plan to plug and abandon well. Please see attached procedure.	
	6
THE OIL CONSERVATION DIVISION MUST	
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THE OIL CONSERVATION DIVISION MUST	
BE NOTIFIED 24 HOURS PRIOR TO THE	e e
BEGINNING OF PLUGGING OPERATIONS.	A
DEGILIAN OF A PARTY OF THE PART	
I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any	nit or below
grade tank has been/will be constructed or closed according to NMOCD guidelines , a general permit or an (attached) alternative OCD-appro	ved plan □.
SIGNATURE TITLE Senior Advisor/Regulatory DATE 1/11/	2006
T	
Type or print name Carol J. Moore E-mail address: cmoore@hess.com Telephone No. (4	32)758-6738
Type or print name Carol J. Moore E-mail address: cmoore@hess.com Telephone No. (4 For State Use Only OC DISTRICT SUPERVISOR/GENERAL MANAGEA	32)758-6738

TD 5,810' #

PREPARED BY:

J. Baker

UPDATED: 1/5/06

