

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. 30-025-37267
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name State Q
8. Well Number 8
9. OGRID Number 495
10. Pool name or Wildcat Monument Abo SE (96764) Monument Tubb (47090) Weir Drinkard (63840)
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3538' GL
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>
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 _____

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 checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>
2. Name of Operator Amerada Hess Corporation
3. Address of Operator P.O. Box 840 Seminole, TX 79360
4. Well Location Unit Letter P : 990 feet from the South line and 330 feet from the East line Section 16 Township 20S Range 37E NMPM County Lea
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3538' GL
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>
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

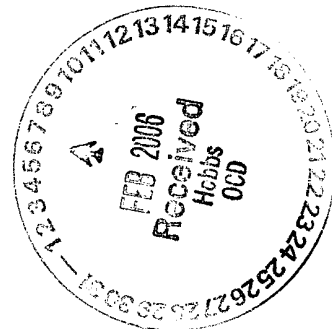
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> OTHER: Complete and Downhole Commingle Well <input checked="" type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: <input type="checkbox"/>
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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. Per R-11363

Plan to MIRU pulling unit. Install BOP, drill out cement and circ. clean. Perf 5 1/2" casing in Abo zone in following intervals: 6982'-6986', swab & test, set CIBP over Abo @ 6915' & perf Drinkard zone fr/6651'-6820', swab & test, perf Tubb zone fr/6334'-6589', swab & test well. TIH w/prod eqpt and begin producing well as downhole commingled well in Monument Tubb (47090) and Weir Drinkard (63840).

Working, royalty and overriding royalty interests are identical in all commingled zones.
Commingling will not reduce the value of production.
Well is located on private land.
Allocation based on well tests and fixed percents.

Attachment: reservoir data to support commingling percentages.



DHC Order No. HOB-0135

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 2/3/2006

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 PETROLEUM ENGINEER DATE FEB 09 2006

Conditions of Approval (if any):

ALLOCATION OF PRODUCTION FOR STATE Q #8 WELL
(Allocation by zone for Tubb and Drinkard zones)

A. OIL PRODUCTION ALLOCATION DETERMINED FROM NET PAY OFF LOGS
(Net pay calculated using 5% porosity and 50% water saturation cutoff)

ZONE	NET PAY (FT.)	NET PAY (%)
TUBB NET PAY COMPLETED	119	59%
DRINKARD NET PAY COMPLETED	82	41%
TOTAL NET PAY COMPLETED	201	100%

B. GAS PRODUCTION ALLOCATION DETERMINED FROM OFFSET CUM GOR

MONUMENT TUBB (47090)			
WELL NAME	RESERVES		
	MBO	MMCF	GOR
STATE Q 1	59	220	3729
STATE Q 4	90	587	6522
HANSEN STATE 5	77	209	2714
HANSEN STATE 6	23	97	4217
TOTAL FOR ZONE	249	1113	4470
AVERAGE	62	278	4470
AVERAGE GOR			4354

GAS ALLOCATION PERCENTAGES

MONUMENT TUBB (47090)	4354/7719	56%
WEIR DRINKARD (63840)	3365/7719	44%

C. SUMMARY OF ALLOCATION PERCENTAGES BY ZONE

ZONE	OIL	GAS
MONUMENT TUBB (47090)	59%	56%
WEIR DRINKARD (63840)	41%	44%

District I

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District II

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District III

1000 Rio Brazos Rd., Aztec, NM 87410
Phone:(505) 334-6178 Fax:(505) 334-6170

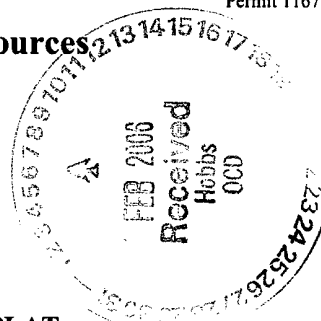
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Oil Conservation Division
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Form C-102
Permit 11679

**WELL LOCATION AND ACREAGE DEDICATION PLAT**

1. API Number 30-025-37267	2. Pool Code 47090	3. Pool Name MONUMENT;TUBB
4. Property Code 206	5. Property Name STATE Q	6. Well No. 008
7. OGRID No. 495	8. Operator Name AMERADA HESS CORP	9. Elevation 3538

10. Surface Location

UL - Lot	Section	Township	Range	Lot Idn	Feet From	N/S Line	Feet From	E/W Line	County
P	16	20S	37E	P	990	S	330	E	LEA

11. Bottom Hole Location If Different From Surface

UL - Lot	Section	Township	Range	Lot Idn	Feet From	N/S Line	Feet From	E/W Line	County
12. Dedicated Acres 80.00		13. Joint or Infill		14. Consolidation Code		15. Order No.			

NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION

	OPERATOR CERTIFICATION	
	<i>I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.</i> E-Signed By: Carol Moore Title: Senior Advisor, Regulatory Date: 6/1/2005	
	SURVEYOR CERTIFICATION	
	<i>I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.</i> Surveyed By: Gary Jones Date of Survey: 5/18/2005 Certificate Number: 7977	

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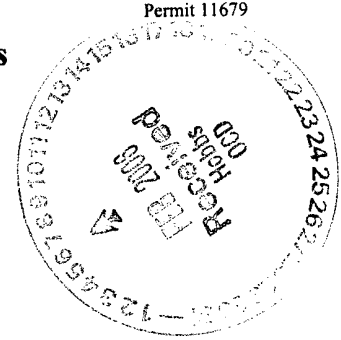
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Form C-102
Permit 11679

**WELL LOCATION AND ACREAGE DEDICATION PLAT**

1. API Number 30-025-37267	2. Pool Code 63840	3. Pool Name WEIR;DRINKARD
4. Property Code 206	5. Property Name STATE Q	6. Well No. 008
7. OGRID No. 495	8. Operator Name AMERADA HESS CORP	9. Elevation 3538

10. Surface Location

UL - Lot P	Section 16	Township 20S	Range 37E	Lot Idn P	Feet From 990	N/S Line S	Feet From 330	E/W Line E	County LEA
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11. Bottom Hole Location If Different From Surface

UL - Lot	Section	Township	Range	Lot Idn	Feet From	N/S Line	Feet From	E/W Line	County
12. Dedicated Acres 40.00	13. Joint or Infill	14. Consolidation Code	15. Order No.						

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