

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. 30-025-05901
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name E.S. Adkins
8. Well Number 1
9. OGRID Number 495
10. Pool name or Wildcat Monument G/SA

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	
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 5 Township 20S Range 37E NMPM County Lea	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3565' DF	
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:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input 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 checked="" 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.

8/17/2006 through 8/24/2006

Notified Sylvia Dickey 24 hours prior to moving in pulling unit. Dumped 35' cement on top of CIBP @ 3600'. Circulated 9.5# plug mud to surface. Tagged TOC @ 3536', witnessed by NMOCD rep. Buddy Hill. Removed 8 5/8" csg head and installed a riser off of 12 1/2" csg. Perf'd 5 1/2" csg @ 2339' but could not pump into perfs. SOPT cement plug from 2340' to 2130' and tagged TOC @ 2130', as requested by NMOCD rep. EL Gonzales, at base of 8 5/8" csg shoe & base of salt zone. Spot 100' of cement at top of salt zone @ 1158' and tag TOC @ 1058', cut 5 1/2" csg @ 580' & LD csg. Spot cement plug @ 600' & tag TOC @ 480', perf'd 8 5/8" csg @ 250' & circulate cement to surface of 12 1/2" csg, spot cement from 250' to surface of 8 5/8" csg. Cap and mark with 5 1/2" pipe extending 4' above ground. Restore location, remove deadmen & other eqpt per NMOCD requirements. Notified Buddy Hill of NMOCD at completion of work. Well P&A'd.

Approved as to plugging of the Well Bore.
Liability under bond is retained until
surface restoration is completed.

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 9/7/2006

Type or print name Carol J. Moore
For State Use Only

E-mail address: cmoore@hess.com Telephone No. (432)758-6738
OC FIELD REPRESENTATIVE II/STAFF MANAGER

APPROVED BY Laurel Wink TITLE _____ DATE SEP 14 2006
Conditions of Approval (if any):

SEP 14 2006