| Submit 3 Copies To Appropriate District Office | State of New Mexico | | | Form C-103 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-------------|-------------------------------------------|--------------------------------------|
| District I | Energy, Minerals and Natural Resources | | | Revised May 08, 2003 WELL API NO. |
| 1625 N. French Dr., Hobbs, NM 88240 District II | | | | 30-025-07757 |
| 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 FEE X |
| District IV 1220 S. St. Francis Dr., Santa Fe, NM | | | 6. State Oil & Gas Lease No. | |
| 87505 | | | | |
| 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 | | | | M. J. Raley |
| PROPOSALS.) | | | | 8. Well Number |
| 1. Type of Well: Oil Well X Gas Well Other | | | | 2 |
| | | | | 9. OGRID Number |
| 2. Name of Operator Amerada Hess Corporation | | | 000495 | |
| 3. Address of Operator | | | | 10. Pool name or Wildcat |
| P.O. Box 840, Seminole, Texas 79360-0840 | | | West Nadine Paddock Blinebry/Drinkard/Abo | |
| 4. Well Location | | | | |
| Unit Letter M : 330 feet from the South line and 330 feet from the West line | | | | |
| Unit Letter M : 330 feet from the South line and 330 feet from the West line | | | | |
| Section 8 Township 20S Range 38E NMPM County Lea | | | | |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) | | | | |
| 3563' GL | | | | |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: | | | | |
| NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING | | | | |
| PERFORM REMEDIAL WORK | PLUG AND ABANDON | | REWEDIAL WOR | ALTERING CASING |
| TEMPORARILY ABANDON | CHANGE PLANS | | COMMENCE DRI | ABANDONMENT |
| PULL OR ALTER CASING | MULTIPLE | | CASING TEST AI | ND D 25262728293 |
| | COMPLETION | | CEMENT JOB | (3) A 30) |
| OTHER: | | | OTHER: Install a | 10. |
| 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. H_{obbs} | | | | |
| 08/11/2003 thru 08/24/20 | 03 | | | ОСД |
| MIRU Tyler Well Service PU & TOH w/production tbg. Set CIBP @ 5850'. TOH w/rods and pump. Installed 6" 900 BOP. | | | | |
| RU Bull Rogers & TIH w/ 1 - 4 1/2" csg shoe, 2 jts of 4 1/2" FL-4S 11.60# csg liner, 1 - 4 1/2" float collar & 134 jts of 4 1/2" FL- | | | | |
| 4S 11.6# csg liner. RU Halliburton, mixed & pumped 140 sks premium plus cement @ 14.8 lb/gal. Removed 6" 900 BOP. | | | | |
| Cut 4 1/2" csg stub & installed 10" 900 x 6" 600 tbg spool & 6" 600 BOP. TIH w/ 3 7/8" bit, bit sub, 6 - 3 1/8" drill collars & 170 | | | | |
| jts 2 3/8" tbg to 5420'. Drill float collar @ 5744', 2 jts of 4 1/2" liner, float shoe @ 5837' & CIBP @ 5850'. TIH w/total of 237 jts | | | | |
| of 2 3/8" tbg to 7553'. TOH w/tbg. RU BJ Services, TIH w/ 4 1/2" pkr & 185 jts of 2 3/8" tbg. Set pkr @ 5775'. Acidized well with 3000 gals 15% HCL. Scale squeezed and returned well to pump. | | | | |
| With 5000 gais 10 % FIGE. Ocale squeezed and retained with to pump. | | | | |
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| | | | | |
| I hereby certify that the information | above is true and complet | te to the b | est of my knowledg | ge and belief. |
| SIGNATURE CATO | Moore. | TITLE_F | Prod Acct Tech | DATE_08/25/2003_ |
| Type or print name Carol J. Moc | v ore | | | Telephone No. (432)758-6738 |
| (This space for State use) AUG 2 7 2003 | | | | |
| 7 7 7 7 100 2 7 2003 | | | | |
| APPPROVED BY Law WILL OTHER REPRESENTATIVE II/STAFF MANAGERDATE Conditions of approval, if any | | | | |
| Conditions of approver, it any | | | | |