Submit 3 Copies To Appropriate District Office	State of	New Me	xico		Form C	
District I	Energy, Minerals	s and Natu	ral Resources	r	Revised May 08	3, 2003
625 N. French Dr., Hobbs, NM 88240				WELL API NO.		
<u>District II</u> 1301 W. Grand Ave., Artesia, NM 88210	rtesia. NM 88210 OIL CONSERVATION DIVISION			30-025-33670		
District III 1220 South St. Francis Dr.				5. Indicate Type of Lease		
1000 Rio Brazos Rd., Aztec, NM 87410 District IV Santa Fe, NM 87505				STATE FEE X 6. State Oil & Gas Lease No.		
1220 S. St. Francis Dr., Santa Fe, NM 87505	541104 1	•, • • • • •		0. State Off & C	Jas Lease No.	
	CES AND REPORTS O			7. Lease Name	or Unit Agreement Na	ame
(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.)				W. A. Weir		
1. Type of Well:				8. Well Number		
Oil Well X Gas Well Other				12		
2. Name of Operator				9. OGRID Nun	nher	
Amerada Hess Corporation				495		
3. Address of Operator				10. Pool name or Wildcat		
	e, Texas 79360			Monument ABO		
4. Well Location			· · · · · · · · · · · · · · · · · · ·			
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Unit Letter L :	2130 feet from the	South	line and	560 feet fr	om the West	_line
Section 35	Township	19S Ra	inge 36E	NMPM	County Lea	
	11. Elevation (Show w		Q			
12. Check A	Appropriate Box to In	ndicate N	ature of Notice	Report or Othe	er Data	
NOTICE OF IN			1	SEQUENT R		
PERFORM REMEDIAL WORK	PLUG AND ABANDO	N 🗆	REMEDIAL WOR		ALTERING CASIN	GП
	1 EGG / III D / ID/ III D GI	· •	KEMEDIAL WO		ALTERNITO CACIT	· .
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DR	RILLING OPNS.	PLUG AND ABANDONMENT	
PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING TEST A	ND .		
OTHER:			OTHER:			
 Describe proposed or comp of starting any proposed we or recompletion. 						
9/11/2003 thru 9/28/2003						
MIRU Tyler Well Service pullir cleaned csg w/xylene & hot woof tolulene & let set for 24 hrs. Swabbed well. Removed 6" 9 Returned well to pumping.	ater. TOH w/RBP & retri	ieved RBP above AB0	@ 7375'. Set CIBI O perfs and pumpe	ed 6000 gals of 15%	OCT 2003 Hobbs	& 200 ga nd acid.
hereby certify that the information	ahove is true and compl	ata to the h	est of my knowled	ge and ballef	OCD	
IGNATURE WOO	above is true and comple	TITLE	Prod Acct Tech	ge and benet.	DATE 9/30/2003	3
ype or print name Carol J. Moor	e cmoo	re@hess.c		Tele	phone No. (432)758-6	
This space for State use)						
PPPROVED BY Laul). Wink	OC DISTRI _TITLE	CT SUPERVISOR/	GENERAL MANA	GER DATE OCT (2 20
onditions of approval, if any:						