| Submit 3 Copies To Appropriate District Office | State of New Mexico | | | | | C-103 | |
|---|--|--------------------------|--|--|-------------------------------------|----------|--|
| District I | Energy, Minerals and Natural Resources | | | Revised May 08, 2003 | | | |
| 1625 N. French Dr., Hobbs, NM 88240 District II | | | | WELL API NO. 30-025-05653 | | | |
| 1301 W. Grand Ave., Artesia, NM 88210 | OIL CONSERVATION DIVISION | | | 5. Indicate Type | of Lease | | |
| District III 1000 Rio Brazos Rd., Aztec, NM 87410 | 1220 South St. Francis Dr. | | | | FEE □ | | |
| District IV | Santa Fe, NM 87505 | | | 6. State Oil & G | as Lease No. | | |
| 1220 S. St. Francis Dr., Santa Fe, NM 87505 | | | | | | | |
| | CES AND REPORTS O | N WELLS | 3 | 7. Lease Name of | 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 | | | | North Monument G/SA Unit Blk. 5 | | | |
| PROPOSALS.) 1. Type of Well: | | | | 8. Well Number | | | |
| Oil Well X Gas Well Other | | | | 13 | | | |
| 2. Name of Operator | | | | 9. OGRID Number | | | |
| Amerada Hess Corporation | | | | 000495 | | | |
| 3. Address of Operator | | | | 10. Pool name or Wildcat | | | |
| P.O. Box 840 Semi | P.O. Box 840 Seminole, Texas 79360 | | | | Eunice Monument Grayburg San Andres | | |
| 4. Well Location | | | | | | | |
| Unit Letter M : | 660 feet from the | South | line and6 | feet fro | m the West | line | |
| Section 19 | Township | 19S Ra | ange 37E | NMPM | County Lea | | |
| Transmin and the | 11. Elevation (Show w | | | | | | |
| [1] [1] [1] [1] [1] [1] [1] [1] [1] [1] | 3598' DF | | | | | | |
| | Appropriate Box to Ir | ndicate N | 4 | • | | | |
| NOTICE OF IN | | | | SEQUENT RE | | | |
| PERFORM REMEDIAL WORK | PLUG AND ABANDON | ٧ 🗆 | REMEDIAL WOR | (| ALTERING CASI | NG 📙 | |
| TEMPORARILY ABANDON | CHANGE PLANS | | COMMENCE DRII | LING OPNS. | PLUG AND ABANDONMENT | | |
| PULL OR ALTER CASING | MULTIPLE COMPLETION | | CASING TEST AN CEMENT JOB | ID 🗆 | | | |
| OTHER: | | | OTHER: | | | П | |
| 13. Describe proposed or compl | eted operations (Clearly | | ! | give pertinent date | es including estima | | |
| of starting any proposed wo | rk). SEE RULE 1103. F | For Multip | e Completions: Att | ach wellbore diagra | am of proposed con | npletion | |
| or recompletion. | • | • | • | J | 1 1 | • | |
| | | | | | | | |
| 3/3/2004 thru 3/7/2004 | | | | | | | |
| MIRU Tyler Well Svc PU. TO | OH w/rods Install 6" 900 | ROP TO | dw/tha&numn Til | lw/hit & tha Too I | DRIU & 3002, D* | £1) | |
| out from 3907' to 3920', circ. | | | | | | | |
| shot OH from 3906'-3914'. R | | | | | | | |
| shot OH from 3906'-3914'. RU BJ Svcs & acidized perfs and open hole w/3000 gals of NEFE HCL 15% NMGSAU blend acid from 3832'-3979'. Swabbed well. TIH w/tbg and pump @ 3863'. Removed BOP, TIH w/rods. RDPU_clean_location and return well to production. | | | | | | | |
| well to production. | | | | 62728 | 3293037 | | |
| | | | | (43)V | 4 | | |
| | • | | | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | 2 2 2 2 | | |
| | | | | 23 | 3, 500 | | |
| | | | | 22 | dr. i 8 | | |
| | | | | 72 | 1/3, Y 6/ | | |
| I hereby certify that the information a | bove is true and complet | te to the be | st of my knowledge | and belief | .32/ | | |
| SIGNATURE (WO) | I W MARIE 1. | TITI E S | enior Advisor | 8/40 | DATE 3/11/2004 | | |
| SIGNATURE CO | 7.11 10000 | IIILE S | erilor Advisor | | DATE 3/11/2004 | <u> </u> | |
| Type or print name Carol J. Moor | e cmoor | e@hess.co | om | Teleph | one No. (432)758- | 6738 | |
| (This space for State use) | 1 | | ma manifes (til frinche triefe british de Menge antike | 02 26 TA CE AAAAA A | | | |
| APPPROVED BY | | OC FIELD FITLE | REPRESENTATIVE | | | | |
| Conditions of approval, if any: | | | | | DATEMAD 2 3 | 2604 | |
| | | | | | | | |