

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Grande Rd., Aztec, NM 87410

WELL API NO. 30-025-00100
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 H. C. POSEY "A"
8. Well No. 3
9. Foot name or Wellhead EAST CAPROCK DEVONAIN
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4357 DF

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER TA
2. Name of Operator AMERADA HESS CORPORATION
3. Address of Operator DRAWER D, MONUMENT, NEW MEXICO 88265
4. Well Location Unit Letter <u>J</u> : <u>1980'</u> Feet From The <u>SOUTH</u> Line and <u>1980'</u> Feet From The <u>EAST</u> Line Section <u>11</u> Township <u>12S</u> Range <u>32E</u> NMPM LEA County

11. 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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: _____ <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: _____ <input type="checkbox"/>

12. 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.

PLAN TO MIRU PULLING UNIT, REMOVE WELL HEAD & INSTALL BOP. TOH W/2-7/8" TBG. TIH W/5-1/2" GAUGE RING & JUNK BASKET TO ± 11,000' & TOH. TIH W/5-1/2" CIBP & SET AT ± 11,000'. TIH W/PKR. & TEST CIBP TO 2000#. CIRC. HOLE W/TRT. FLUID. TEST CSG. TO 500# FOR 30 MIN. NOTE: CALL NMOC 24 HRS. BEFORE TEST & OBTAIN CHART. REMOVE BOP & INSTALL WELL HEAD. RDPU & LEAN LOCATION. TA WELL.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE R. L. Wheeler, Jr. TITLE SUPV. ADM. SVC. DATE 11/19/91

TYPE OR PRINT NAME R. L. WHEELER, JR. TELEPHONE NO. 393-2144

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: