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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	

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 -1" (FORM C-101) FOR SUCH PROPOSALS.)	
1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/>	
2. Name of Operator Amerada Hess Corporation	
3. Address of Operator Drawer "D", Monument, New Mexico 88265	
4. Location of Well UNIT LETTER <u>H</u> , <u>990</u> FEET FROM THE <u>East</u> LINE AND <u>1650</u> FEET FROM THE <u>North</u> LINE, SECTION <u>11</u> TOWNSHIP <u>12-S</u> RANGE <u>32-E</u> NMPM.	
15. Elevation (Show whether DF, RT, GR, etc.)	

7. Unit Agreement Name
8. Farm or Lease Name H.C. Posey "A"
9. Well No. 6
10. Field and Pool, or Wildcat East Caprock- Dev.
12. County Lea

16. 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 checked="" type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>

17. 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.

Pulled production equipment. Acidized 5½" csg. perfs. 10,966' to 10,976' w/7500 gals. 28% NE acid; reran production equipment, resumed production. No change in status.

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

SIGNED <u>[Signature]</u>	TITLE <u>Supver., Admin. Services</u>	DATE <u>10-8-75</u>
Les Clazons Oil & Gas Insp		
APPROVED BY _____	TITLE _____	DATE <u>00</u>
CONDITIONS OF APPROVAL, IF ANY:		