

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

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

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

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

WELL API NO. 3002500113
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 EAST CAPROCK S.W.D.
8. Well No. 2
9. Pool name or Wildcat DEVONIAN

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 SALT WATER DISPOSAL	10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4354' DF
2. Name of Operator AMERADA HESS CORPORATION	
3. Address of Operator DRAWER D, MONUMENT, NEW MEXICO 82865	
4. Well Location Unit Letter B : 330 Feet From The NORTH Line and 2310 Feet From The EAST Line Section 14 Township 12S Range 32E 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 checked="" type="checkbox"/>
TEMPORARILY ABANDON <input 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.

10/29/90

BAKER OIL TREATING LOADED CASING WITH 3/4 BBL. 2% KCL WATER WITH CRANIX 6669 CORROSION INHIBITOR. PRESSURE UP CASING TO 300#, HELD OK FOR 15 MIN. LEFT 150# ON CASING. THE WESTERN CO. ACIDIZED DEVONIAN ZONE OPEN HOLE FR. 11,205'-11,651' WITH 5000 GALLONS 15% REGULAR ACID. PUMPED 399 GALLONS AT 1-1/4 BPM WITH 50# PRESSURE, TUBING WENT ON VACUUM AT RATE OF 2 BPM. HOOKED UP DISPOSAL LINE AND FLUSHED WITH PROD. WATER. CHECKED SPECIFIC GRAVITY OF ACID ON LOCATION AT 1.0749 = 15%. RESUMED DISPOSING WATER.

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

SIGNATURE Cindy Robertson TITLE ADMINISTRATIVE ASSIST. DATE 11/5/90
TYPE OR PRINT NAME CINDY ROBERTSON TELEPHONE NO. 393-2144

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

RECORDED

NOV 06 1990

CCO
HOBBS OFFICE