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LAND OFFICE		
OPERATOR		

# 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.	
7. Unit Agreement Name	
8. Farm or Lease Name	
W.E. Mathers "B"	
9. Well No.	
1	
10. Field and Pool, or Wildcat	
Bagley Penn, North	
12. County	
Lea	

## 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. 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 F 1980 FEET FROM THE North LINE AND 1980 FEET FROM
THE West LINE, SECTION 33 TOWNSHIP 11-S RANGE 33-E NMPM.
15. Elevation (Show whether DF, RT, GR, etc.)
4281' DF

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 JOB <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER <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. Cut paraffin to 1200'. Acidized OH 9906' to 10,106' with 6000 gals. 28% NE acid and 6000 gals. 7-1/2% NE acid with 2000# rock salt as diverter. Swab tested. Reran production equipment and resumed production.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNED <u>MPB</u>	TITLE <u>Supver., Admin. Services</u>	DATE <u>2-25-74</u>
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		