		•			E		
N . OF COPIES RECEIVED					Form C-103 Supersedes Old		
DISTRIBUTION	The state of the s			ON.	C-102 and C-103		
SANTA FE		NEW MEXICO OIL CONSERVATION COMMISSION			Effective 1-1-6	5	
FILE					5a. Indicate Type	of Lease	
U.S.G.S.					State XX	Fee	
LAND OFFICE	<del></del>				5. State Oil & Gas		
OPERATOR					E-13		
SUNDRY NOTICES AND REPORTS ON WELLS						ummin	
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 $X$ GAS WELL OTHER. T.A.					7. Unit Agreement		
2. Name of Operator					8. Form or Lease Name		
Amerada Hess Corporation 3. Address of Operator					9. Well No.	<i>y</i>	
Drawer "D", Monument, New Mexico 88265					1 4		
4. Location of Well					10. Field and Fool, or Wildcat		
UNIT LETTERN	660	FEET FROM THESout	h 1980	) FEET FROM	Bagley -	Siluro Dev.	
THE West	_ LINE, SECTION	35 TOWNSHIP	-0 RANGE	NMPM.			
		(0)	Dr. pr. cp.	<del></del>		HHHHH	
		15. Elevation (Show whethe	DF		12. County Lea		
		<u> </u>			L		
		iate Box To Indicate		_	REPORT OF:		
NO	TICE OF INTENTI	JN 10:	3	DESEQUENT	REPORT OF		
		PLUG AND ABANDON	REMEDIAL WORK	$\Box$	ALTERI	NG CASING	
PERFORM REMEDIAL WORK	H	P200 XND XDANOUN	COMMENCE DRILLING OP	. H		ND ABANDONMENT	
TEMPORARILY ABANDON	H	CHANGE PLANS	CASING TEST AND CEMEN	<del></del>			
PULL OR ALTER CASING	LL NAME AND CO		OTHER				
	ATER DISPOSAL		, l				
		(Clearly state all pertinent de	tails, and give pertinent d	ates, including	estimated date of s	tarting any proposed	
work) SEE RULE 110	••						
PLAN TO:	Set retainer	and squeeze perfo	rations 10,674'	to 10,751	.'. Drill o	ut cement	
	and test. Dr	rill out packers a	t 10,838; and 10	and 1019,0	l CIBP at 10	,947 .	
	Set retainer	and squeeze perfs	. 10,959' to 10	,979'. Di	ill out cem	ent and test.	
		Le from 10,980; to					
	open hole 10.	,980' to 11,180' 1	ith 10.000 gals	. 15% HCL.	. Set Bake	r Model	
	"D" packer at	8000'. Run 4-1/	2" OD PC tubing	and conve	ert to SW di	sposal	
	well.	, ,				•	
	• • •						
	Well name to	be changed to BAG	LEY SWD #4.				
	11	be changed to back	1 41 1				
18. I hereby certify that :	he information above is	true and complete to the bes	r or my knowledge snd bêr				
MIST	TUL	Sı	pver., Admin. S	ervices	DATE 9-26	-74	
SIGNED ///	xnyn.	TITLE DO	p. J. J. J. Lamille D.		_ UATE _/		
			•			<b>, y</b> .	

CONDITIONS OF APPROVAL, IF ANYE