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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

JUL 22 2 19 PM '69

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. <b>E-1347</b>
7. Unit Agreement Name
8. Farm or Lease Name <b>State BT "C"</b>
9. Well No. <b>1</b>
10. Field and Pool, or Wildcat <b>Bagley-Siluro Devonian</b>
12. County <b>Lea</b>

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-
2. Name of Operator <b>Amerada Hess Corporation</b>
3. Address of Operator <b>P. O. Box 1920 - Hobbs, New Mexico</b>
4. Location of Well UNIT LETTER <b>N</b> , <b>660</b> FEET FROM THE <b>South</b> LINE AND <b>1980</b> FEET FROM THE <b>West</b> LINE, SECTION <b>35</b> TOWNSHIP <b>11-S</b> RANGE <b>33-E</b> NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)

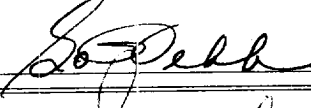
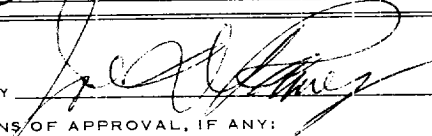
**4252' DF**

6. 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 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 <b>Change Status</b> <input checked="" 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.

Status changed from oil well pumping by beam to oil well pumping by hydraulic pump effective 7-18-69.

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

SIGNED 	TITLE <b>District Superintendent</b>	DATE <b>July 19, 1969</b>
APPROVED BY 	TITLE <b>DISTRICT SUPERVISOR DISTRICT D</b>	DATE <b>JUL 23 1969</b>
CONDITIONS OF APPROVAL, IF ANY:		