

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

N. M. STATE ROCK
SUBSURFACE SECTION
(Other) (See Instructions)
P. O. BOX 1980
HOBBS, NEW MEXICO

Form approved.
Budget Bureau No. 42-P1424.

5. LEASE DESIGNATION AND SERIAL NO.

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER TA		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Amerada Hess Corporation		8. FARM OR LEASE NAME J. T. Caudle	
3. ADDRESS OF OPERATOR Drawer D, Monument, New Mexico 88265		9. WELL NO. 4	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FEL & 660' FSL		10. FIELD AND POOL, OR WILDCAT Bagley - Penn.	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 3, T12S, R33E	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4257' DF		12. COUNTY OR PARISH Lea	
		13. STATE N.M.	

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input checked="" type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)			

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)			

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Plan to dump total of 35' on top of bridge plug at 8650', isolate leak in 5-1/2" csg., perf. 5-1/2" csg. at 5900' & squeeze 100' cement plug inside & outside 5-1/2" csg. If necessary, perf. squeeze holes & acidize before squeezing 5-1/2" csg. leak.

RECEIVED
DEC 14 9 35 AM 1983
BUREAU OF LAND MANAGEMENT
ROSWELL DISTRICT

18. I hereby certify that the foregoing is true and correct

SIGNED Rebecca L. Lipman TITLE Pet. Engr. DATE 12-9-83

(This space for Federal or State use)

APPROVED BY (Orig. Sgd.) PETER W. CHESTER TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

JAN 12 1984

*See Instructions on Reverse Side