UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLI____
(Other instructions
verse side)

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.)

5. LEASE DESIGNATION AND SERIAL NO.

LC-060581

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

OIL WELL ___ GAS WELL |X| OTHER _____

2. NAME OF OPERATOR

Amerada Hess Corporation

8. FARM OR LEASE NAME

J. T. Caudle Gas Comm

3. ADDRESS OF OPERATOR

Drawer "D" - Monument, New Mexico

9. WELL NO.

7

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

1980 from west line and 660 from north line of Sec 3

10. FIELD AND POOL, OR WILDCAT

Bagley-Upper Penn Gas

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec 3, T-12-S, R-33-E

14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISH	13. STATE
		Lea	N M

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	PULL OR ALTER CASING
FRACTURE TREAT	MULTIPLE COMPLETE
SHOOT OR ACIDIZE	ABANDON*
REPAIR WELL	CHANGE PLANS
(Other)	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREATMENT	ALTERING CASING
SHOOTING OR ACIDIZING	ABANDONMENT* XX
(Other) T. A.	

(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.) *

Noneconomical after workover
Closed all valves and T. A. April, 1960
Will retest and if nonproductive, plug and abandon
Work to be done in 2nd quarter, 1975

This approval of temporary
abandonment expires _____

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

SIGNED _____ TITLE Supvr. Admin. Services DATE 10-11-74

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

OCT 24 1974

JIM SIMS
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side