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LAND OFFICE		
OPERATOR		

5a. Indicate Type of Lease
State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.
B10083

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"/>	7. Unit Agreement Name
2. Name of Operator	8. Farm or Lease Name
Amerada Hess Corporation	State BT "E"
3. Address of Operator	9. Well No.
Drawer D, Monument, New Mexico 88265	1
4. Location of Well	10. Field and Pool, or Wildcat
UNIT LETTER N 660 FEET FROM THE South LINE AND 1980 FEET FROM THE West LINE, SECTION 23 TOWNSHIP 12-S RANGE 33-E NMPM.	Hightower Devonian
15. Elevation (Show whether DF, RT, GR, etc.)	12. County
4632' DF	Lea

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER Progress <input checked="" 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.

June 1 thru June 12, 1980 - Dowell attempted to remove CORT polymer by pumping 200 bbls. water mixed w/500# KCl & 250# sodium dichromate mixed w/500 gal. acid thru Devonian zone 5-1/2" csg. perf. fr. 9985' to 9996'. Swabbed.
June 23, 1980 - Treated Devonian zone w/100 bbls. fresh water mixed w/155 gal. potassium hydroxide & flushed w/2% KCl water. Swabbed load. Closed in for evaluation.

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

SIGNED E. B. Baker TITLE Supv. Adm. Ser. DATE 9-25-80

APPROVED BY Orig. Signed by Jerry Sexton TITLE Dist. L. Supv. DATE SEP 23 1980

CONDITIONS OF APPROVAL, IF ANY: