

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Project Bureau NO. 1004-0133
Expires August 31, 1985

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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. LC-064605A
2. NAME OF OPERATOR AMERADA HESS CORPORATION		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR DRAWER D, MONUMENT, NEW MEXICO 88265		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FNL & 1274' FEL OF SEC. 14 127418		8. FARM OR LEASE NAME FEDERAL 'A'
14. PERMIT NO. 30-025-07239	15. ELEVATIONS (Show whether OF, RT, GR, etc.) 3810' DF	9. WELL NO. 2
		10. FIELD AND POOL, OR WILDCAT BRONCO SIL/DEV
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC. 14, T-13S, R-38E
		12. COUNTY OR PARISH LEA COUNTY
		13. STATE NM

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	<input type="checkbox"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other)	<input type="checkbox"/>
(Other) UPDATE	<input checked="" type="checkbox"/>	(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.)*

THIS WELL WAS CLOSED-IN IN APRIL 1992 DUE TO A LACK OF PRODUCTION (5 BOPD). THERE HAS BEEN AN AFE WRITTEN TO DEEPEN THE FEDERAL 'A' #2. INITIALLY THE AFE WAS WRITTEN TO PERFORM THE WORK IN THE FIRST QUARTER OF 1993. HOWEVER, DUE TO OUR COMPANY'S REORGANIZATION, A 90 DAY EXTENSION TO JUNE 30, 1993 IS REQUESTED TO ALLOW FOR AFE APPROVAL. THE B.L.M. WILL BE CONTACTED ON OR BEFORE JUNE 30, 1993 IF ANOTHER UPDATE IS NECESSARY.

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

SIGNED <u>Tammy S. Cherry</u>	TITLE <u>Asst. Pet. Engineer</u>	DATE <u>4-5-93</u>
(This space for Federal or State office use)		
APPROVED BY <u>[Signature]</u>	TITLE <u>[Signature]</u>	DATE <u>4/23/93</u>
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side