Form 9-331	111	STED STATES		Form approved.
(May 1963)	DEPARTME	TED STATES OF THE IN	SUBMIT IN TRIPLA (Other Instructions verse side)	Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO.
		DLOGICAL SURVI		W11
				Federal Lse. LC-064605-A 6. IF INDIAN, ALLOTTEE OR TELBE NAME
			RTS ON WELLS	
(Do not use this i				
OIL V GAS				7. UNIT AGREEMENT NAME
WELL A WELL OTHER				· · · · · · · · · · · · · · · · · · ·
2. NAME OF OPERATOR				8. FARM OR LEASE NAME
Amerada Hess Corporation 3. ADDRESS OF OPERATOR				Federal "A"
				9. WELL NO.
Drawer "D", Monument, New Mexico 88265 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*				10. FIELD AND POOL, OR WILDCAT
See also space 17 below.) At surface				
Unit letter B, 660' from the North line and 1274.18' from				Bronco (Siluro-Devonian) 11. SEC., T., R., M., OR BLK. AND
the East line, Section 14, Township 13-S, Range 38-E.				Sec 14, T-13-S, R-38-E
20 3, mage 30 11.				bee 14, 1 15-5, R-50-E
14. PERMIT NO.	1	5. ELEVATIONS (Show who	ether DF, RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE
		3810		Lea N.M.
proposed work. If nent to this work.) * Plan to: Pul	COMPLETED OFFRAT well is directionall	id pump, run t	Completion or I ertinent details, and give pertinent ce locations and measured and true	results of multiple completion on Well recompletion Report and Log form.) dates, including estimated date of starting any vertical depths for all markers and zones pertiubing. Acidize 55" caseing
per	rs from II, production.	420° to 11,650	0' with 6, 000 gals. 2	0% regular acid and return
				지 그 사람들이 모든 지하는 것이 없었다.

*See Instructions on Reverse Side