

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.
30-025-07240

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

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. Type of Well:
OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. Name of Operator
AMERADA HESS CORPORATION

3. Address of Operator
DRAWER D, MONUMENT, NM 88265

4. Well Location
Unit Letter D : 660 Feet From The NORTH Line and 660 Feet From The WEST Line
Section 14 Township 13S Range 38E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3816' DF

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

12. 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.

MIRU PU, PULLED KOBE PRODUCTION EQUIPMENT. SET PKR. AT 9443' AND ACIDIZED WOLFCAMP ZONE 5-1/2" CSG. PERFS. FR. 9494'-9570' W/3000 GALS. 15% NEFE ACID IN 2 STAGES USING ROCK SALT AS DIVERTER. SWAB BACK LOAD, INSTALLED PRODUCTION EQUIPMENT AND RETURNED TO PRODUCTION. TEST ON 2/19/91 19 BO, 1 BW, GAS TSTM IN 24 HOURS.

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

SIGNATURE Cindy Robertson TITLE SR. ADMIN. STAFF ASSIST. DATE 2/26/91
TYPE OR PRINT NAME TELEPHONE NO.

(This space for State Use)

Orig. Signed by
Paul Kautz
Geologist

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

FEB 28 1991