	<b>.</b>	
NO. OF COPIES RECEIVED	•	Form C. 102
DISTRIBUTION		Form C-103 Supersedes Old
SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION	C-102 and C-103
FILE	The state of the s	Effective 1-1-65
U.S.G.S.		5a. Indicate Type of Lease
LAND OFFICE	<b>.</b> ₩	State Fee 7
OPERATOR		5. State Oil & Gas Lease No.
		The state of the day bease 140.
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.)		
OIL GAS	ON FOR PERMIT = (FORM C-101) FOR SUCH PROPOSALS.)	7. Unit Agreement Name
well X well 2. Name of Operator	OTHER.	
Amerada Hess Corporation		8. Farm or Lease Name  Rose Eaves
3. Address of Operator		9. Well No.
P. O. Box 1920, Hobbs, New Mexico 88231		#1
,	6601	10. Field and Pool, or Wilcant
UNIT LETTER,,	660' FEET FROM THE South LINE AND 1980' FEET	Knowles-Devonian
THE West LINE, SECTION	N 35 TOWNSHIP 16S RANGE 38E N	vэм.
	15. Elevation (Show whether DF, RT, GR, etc.)	12. County
	3712' DF	Lea
Check A	ppropriate Box To Indicate Nature of Notice, Report or	
NOTICE OF IN	SUBSEQUI	ENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
EMPORARILY ABANDON	COMMENCE DRILLING OPNS.	<u> </u>
ULL OR ALTER CASING	CHANGE PLANS CASING TEST AND CEMENT JOB	PLUG AND ABANDONMENT [
	CTHER	
OTHER		
7. Describe Proposed or Completed Ope	rations (Clearly state all pertinent details, and give pertinent dates, include	
Pull rods, pump and	tubing. Spot 35 sx cement plug fr. 12, 209' to	2 12.354' in 7-5/8" casin
Shoot 7-5/6" Casing a	and spot 40 sx cement plug in and out of 7-5/	/8" casing stub. Spot 40
sx cement plug fr. 47	750-4850', 10-3/4" casing @ 4804'. Cut and p	oull 10-3/4" OD casing.
If salt section expos	sed spot 25 sx cement plug top and bottom.	3mat 75
in and out of 13-3/8'	casing 246-310'. Spot 10 sx plug at surfac	ce w/dry-hole marker.
Nee d	25 sx plugs at following for	motions
tops	5 17 exposed 1	
,	Tuhb -8070'	
	6/41eto-6425	
. I hereby certify that the information ab	pove is true and complete to the best of my knowledge and belief.	
G. O. Webb	Debb TITLE District Superintendent	DATE 12-29-69
PROVED BY	TITLE	
ONDITIONS OF APPROVAL, IF ANY:	/	DATE