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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

SUNDRY NOTICE AND REPORTS ON WELLS <small>(DO NOT USE THIS FORM FOR PROPOSALS TO RE-LEASE, RE-ENTER OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)</small>		5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
		5. State Oil & Gas Lease No. L-10531
1. Indicate Type of Well Oil <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Other <input type="checkbox"/>		7. Unit Agreement Name
2. Name of Operator Amerada Hess Corporation		8. Farm or Lease Name State W "G"
3. Address of Operator Drawer "D", Monument, New Mexico 88265		9. Well No. 1
4. Location of Well UNIT LETTER O 660 FEET FROM THE South LINE AND 1980 FEET FROM East 31 TOWNSHIP 16S RANGE 38E NMPM.		10. Field and Pool, or Wildcat West Garrett
15. Elevation (Show whether DF, RT, GR, etc.)		12. County Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING TEST AND CEMENT JOBS <input type="checkbox"/> OTHER <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/>
7. 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.			

Pulled production equipment. Acidized 5-1/2" casing perforations 12,748' to 12,802' & OH 12,825' to 12,880' with 1000 gals. 15% HCL acid. Reran production equipment and resumed production.

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

SIGNED *MP Black* TITLE Supver., Admin. Services DATE 12-27-74

PROVED BY _____ TITLE _____ DATE DEC 20 1974

CONDITIONS OF APPROVAL, IF ANY: