NO. OF COPIES RECEIVED			Form C-103
DISTRIBUTION			Supersedes Old C-102 and C-103
SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION		Effective 1-1-65
FILE			
U.S.G.S.	7		5a. Indicate Type of Lease
LAND OFFICE			State X Fee.
OPERATOR	7		5. State Oil & Gas Lease No.
O ZNATON			A-1469
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.	ATTOM FOR FERMIT - (FORM C-1017 FOR 30	TROPOSALS./	7. Unit Agreement Name
OIL WELL GAS WELL  2. Name of Operator	OTHER-		9 Forman Larra Name
Amerada Division, Amerada Hess Corporation			8. Form or Lease Name
3. Address of Operator			State WH "B"
			5. Well 110.
P.O.Drawer 817, Seminole, Texas 79360			10. Field and Pool, or Wildcat
UNIT LETTER 0 , 660 FEET FROM THE SOUTH LINE AND 1650 FEET FROM			Hobbs-Grayburg SA
THE PAST LINE, SECTION 14 TOWNSHIP 185 RANGE 37E NMPM.			
15. Elevation (Show whether DF, RT, GR, etc.)			12. County
11/1//////////////////////////////////			Lea \\\\\\\\
Check	Appropriate Box To Indicate 1	Nature of Notice, Report or O	her Data
	INTENTION TO:		T REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON		COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENT JOB	
_	_	OTHER	
OTHER Temporary Al	bandon		
17. Hescribe Proposed or Completed work) SEE RULE 1103.	Operations (Clearly state all pertinent det	ails, and give pertinent dates, includin	g estimated date of starting any proposed
,			
Closed all values and temperature phonder, officetive			
Closed all valves and temporary abondon, effective			
10-4-70. Uneconomical to produce.			
18. I hereby certify that the information	on above is true and complete to the best	of my knowledge and belief.	
80 55		7 M	10 7 70
SIGNED VICTORY	R.J.Brakey TITLE	Area Manager	
	11		
V20-01		ACCOUNT SOME OF THE PARTY OF TH	00-15-6070
APPROVED BY	TYMMEN TITLE		DATE
CONDITIONS OF APPROVAL, IF AN			
	IY:		
	ıv:		

OH. COMSESSATION COMM.