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OPERATOR			

NEW MEXICO OIL CONSERVATION COMMISSION

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

5a. Indicate Type of Lease
State ☐ Fee ☒

5. 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. ☒ OIL WELL ☐ GAS WELL ☐ OTHER-

2. Name of Operator
Amerada Hess Corporation

7. Unit Agreement Name

8. Farm or Lease Name
B. Hardin

3. Address of Operator
Drawer "L", Monument, New Mexico 88265

9. Well No.
1

4. Location of Well
UNIT LETTER M 330 FEET FROM THE South LINE AND 330 FEET FROM

10. Field and Pool, or Wildcat
Hobbs - G-SA

West LINE, SECTION 18 TOWNSHIP 18S RANGE 38E NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)
3671' DF

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 checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	

17. 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.

Plan to set Bp at approx. 4150'. Perforate Grayburg zone from 3953' to 4080' selectively with 2 shots per ft. Acidize perforations with 3000 gals. 15% NE acid. Swab test. Run production equipment and resume production.

Expires 10/1/75

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

SIGNED MR. Black TITLE Supver., Admin. Services DATE 10-8-74

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: