OF OPIES RECEIVED		Form C-103
DISTRIBUTION		Supersedes Old C-102 and C-103
SANTA FE	NL. MEXICO OIL CONSERVATION COMMISSION	Effective 1-1-65
FILE		Co. Indiana Transition
U.S.G.S.		State   Fee XX
OPERATOR OPERATOR		State State State Oil & Gas Lease No.
OFERATOR		J. State Off & Gds Ledse No.
<del></del>	SHADDY MOTICES AND DEDODTS ON WELLS	
(DO NOT USE THIS FORM USE "")	SUNDRY NOTICES AND REPORTS ON WELLS I FOR PROPOSALS TO ORILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. APPLICATION FOR PERMIT - 11 (FORM C-101) FOR SUCH PROPOSALS.)	
1.		7. Unit Agreement Name
OIL GAS WELL WELL	OTHER- T.A.	
2. Name of Operator		8, Farm or Lease Name
Amerada Hess	Corporation	B. Hardin
3. Address of Operator  Drawer #D# Mod	nument Novi Movino 900 45	9. Well No.
4. Location of Well	nument, New Mexico 88265	10. Field and Pool, or Wildcat
	330 FEET FROM THE West LINE AND 2310 FEET FROM	
UNIT LETTER	FEET FROM THE LINE AND ZOTO FEET FROM	Hobbs - G-SA
South	E, SECTION 18 TOWNSHIP 18-S RANGE 38-E NMPM.	
IRE LIN		
	15, Elevation (Show whether DF, RT, GR, etc.)	12. County
		Lea
16. C	Check Appropriate Box To Indicate Nature of Notice, Report or Oth	er Data
NOTICE	OF INTENTION TO: SUBSEQUENT	REPORT OF:
<u></u>		
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	T.A. Extension XX	
17. Describe Proposed or Comp work) SEE RULE 1103.	oleted Operations (Clearly state all pertinent details, and give pertinent dates, including	estimated date of starting any proposed
-		
Hold:	ing for intentled within the	
110110	ing for waterflood unitization.	
Request Temp. abandon status be extended for one year		
1 June 1 June 2		
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	4	
	٠, ١, ١	ies 10-1-76
	Gyper	25 10 . 17
18. I hereby certify that the inf	ormation above is true and complete to the best of my knowledge and belief.	
<u> </u>		
- 100 CM	Start Supver., Admin. Services	0_20_75
SIGNED //	Title Mantite Dol vices	DATE 9-29-75
		UU 1 h

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY: