

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-025-07466
5. Indicate Type of Lease STATE ☐ FEE ☒
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name H.D. MCKINLEY
8. Well No. 6
9. Pool name or Wildcat BOWERS SEVEN RIVERS

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. Type of Well:

OIL
WELL ☐

GAS
WELL ☐

OTHER TA'D

2. Name of Operator

AMERADA HESS CORPORATION

3. Address of Operator

DRAWER D, MONUMENT, NM 88265

4. Well Location

Unit Letter C : 660 Feet From The NORTH Line and 1909 Feet From The WEST Line

Section 30

Township 18S

Range 38E

NMPM

LEA

County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

3664' DF

11.

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☒

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

12. 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 MIRU PLUGGING UNIT, TIH W/CIBP & SET AT $\pm$ 3140'. CIRC. HOLE W/9.5# MUD. SPOT 25 SKS. CEMENT PLUG (250 FT.) FR. 3140' - 2890'. MOVE UP HOLE & SPOT 25 SKS. CEMENT PLUG (250 FT.) FR. 1850' - 1600'. MOVE UP HOLE & SPOT 25 SKS. CEMENT PLUG (250 FT.) FR. 250' - SURFACE. RD PLUGGING UNIT. CUT OFF WELLHEAD & INSTALL 4' DRY HOLE MARKER. CUT OFF DEADMAN ANCHORS & CLEAN LOCATION.

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

SIGNATURE R.L. Wheeler, Jr. TITLE SUPV. ADM. SVC. DATE 4-16-93

TYPE OR PRINT NAME R.L. WHEELER, JR. TELEPHONE NO. (505) 393-2144

(This space for State Use)

ORIGINAL OF THIS COPY TO JERRY SEXTON
STATE OF NEW MEXICO

APPROVED BY _____ TITLE _____ DATE APR 20 1993

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

APR 19 1993

ODD HOBBS OFFICE