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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 <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. Unit Agreement Name
2. Name of Operator Amerada Hess Corporation		8. Farm or Lease Name State "A"
3. Address of Operator Drawer "D", Monument, New Mexico 88265		9. Well No. 4
4. Location of Well UNIT LETTER <u>B</u> <u>660</u> FEET FROM THE <u>North</u> LINE AND <u>2130</u> FEET FROM THE <u>East</u> LINE, SECTION <u>32</u> TOWNSHIP <u>18-S</u> RANGE <u>38-E</u> N.M.P.M.		10. Field and Pool, or Wildcat Hobbs Blinbry
15. Elevation (Show whether DF, RT, GR, etc.) 3654' 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 type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" 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 JOBS <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.

Pulled production equipment. Ran tubing and treating packer. Spot 500 gallons paraffin solvent to desolve paraffin and swab back load. Acidize 5½" casing perfs from 5912' to 5966' with 3,000 gallons 15% regular acid, swab back load and run production equipment.

SPALLING
FROM

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

SIGNED H. Porter TITLE Admin. Services Supvr. DATE 3/26/76

APPROVED BY Orig. Signed by Jerry Soren TITLE DATE MAR 29 1976
CONDITIONS OF APPROVAL, IF ANY: