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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 <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. B-1431	
7. Unit Agreement Name	
8. Farm or Lease Name State "T"	
9. Well No. 4	
10. Field and Pool, or Wildcat Eunice-Monument G/SA	
12. County Lea	

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- TA
2. Name of Operator Amerada Hess Corporation
3. Address of Operator Drawer "D", Monument, New Mexico 88265
4. Location of Well UNIT LETTER C, 660 FEET FROM THE North LINE AND 1980 FEET FROM THE West LINE, SECTION 25 TOWNSHIP 19-S RANGE 36-E NMPM.
15. Elevation (Show whether DF, RT, GR, etc.)

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 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 T.A. Extension <input checked="" type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <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.

Closed in, waiting on gas contract approval.

Plan to test and evaluate production, if non-commercial, plug & abandon.

Request temp. abandon status be extended for one year.

Expires 10-1-76

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

SIGNED M. P. Blush TITLE Supver., Admin. Services DATE 9-29-75

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: