

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.	3002504058
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	A-1543-1
7. Lease Name or Unit Agreement Name	NORTH MONUMENT G/SA UNIT BLK. 9
8. Well No.	2
9. Pool name or Wildcat	EUNICE MONUMENT G/SA

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	2. Name of Operator AMERADA HESS CORPORATION
3. Address of Operator POST OFFICE DRAWER D, MONUMENT, NEW MEXICO 88265	4. Well Location Unit Letter <u>B</u> : <u>660</u> Feet From The <u>NORTH</u> Line and <u>1980</u> Feet From The <u>EAST</u> Line Section <u>25</u> Township <u>19S</u> Range <u>36E</u> NMPM LEA County

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

11. 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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: Perform casing repair & deepen well. <input checked="" type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <input type="checkbox"/>

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.

NMGSAU #902

Rig up and move in pulling unit. Locate and repair casing leak as required.
Estimated depth of repairs +/-2,080'. Deepen well 28 ft. to a total depth of
4,028'. Rigged down pulling unit and return well to production.

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

SIGNATURE Terry L. Harvey TITLE Staff Assistant DATE 01-05-94
TYPE OR PRINT NAME Terry L. Harvey TELEPHONE NO. 393-2144

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE JAN 12 1994

CONDITIONS OF APPROVAL, IF ANY: