Submit 3 Copies to Appropriate

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

| District Office | | - | | | |
|---|--|--|--------------------------------------|--|--------------|
| DISTRICT 1 P.O. Box 1980, Hobbs NM 88241-1980 | OIL CONSERVATION | | WELL API NO. | | |
| P.O. Box 1980, Hobbs NM 88241-1980 P.O. Box 2088 DISTRICT II Santa Fe, New Mexico 87504-2088 | | | 30-025-04059 | | |
| P.O. Drawer DD, Artesia, NM 88210 | Santa Fe, New Mexic | 0 87504-2088 | 5. Indicate Type | of Lease STATE | FEE 🗆 |
| DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 | | | 6. State Oil & Ga | s Lease No. | |
| SUNDRY NOTICES AND REPORTS ON WELLS | | | | | 1543-1 |
| (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.) | | | 7. Lease Name or Unit Agreement Name | | |
| 1. Type of Well: OIL GAS WELL WELL | OTHER INJ | NORTH MONUMENT G/SA UNIT BLK. 9 | | | |
| 2. Name of Operator | | | 8. Well No. | | |
| Amerada Hess Corporatio | <u>n</u> | | | 15 | |
| 3. Address of Operator P. O. Drawer D, Monumen | t, NM 88265 | | 9. Pool name or V EUNICE MO | Wildcat ONUMENT G/SA | |
| 4. Well Location Unit Letter 0: 660 | Feet From The SOUTH | Line and 198 | O Feet From | m The <u>EAST</u> | Line |
| Section 25 | Township 19S I | Range 36E | NMDM | 1 5 8 | |
| Section ES | 10. Elevation (Show whether | Range 36E ther DF, RKB, RT, GR, etc | NMPM :.) | LEA V//////////////////////////////////// | County |
| 11. Check Ann | ropriate Box to Indicate | Nature of Notice | Report or C | Y///////////////////////////////////// | |
| NOTICE OF IN | | 1 | | REPORT O | F: |
| | | | | | |
| PERFORM REMEDIAL WORK | PLUG AND ABANDON | REMEDIAL WORK | | ALTERING CASING | |
| TEMPORARILY ABANDON | CHANGE PLANS | COMMENCE DRILLING | OPNS. | PLUG AND ABANDO | ONMENT |
| PULL OR ALTER CASING | | CASING TEST AND CE | MENT JOB | | |
| OTHER: | | OTHER: Initial | Water Injec | tion Operati | ons. X |
| 12. Describe Proposed or Completed Opera work) SEE RULE 1103. NMGSAU #915 - 09/07/95 | tions (Clearly state all pertinent de | etails, and give pertinent da | tes, including estim | ated date of starting a | any proposed |
| Began injecting water a vacuum. Order No. R-95 | 96 | | | | ure - |
| Ini, 3% | 786-3850 yrs | 1 James | 9-28- | 7 <i>5</i> | |
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| I hereby certify that the information above is true | and complete to the best of my knowled | ge and belief. | | 0 | |
| SIGNATURE WY | Harvey 11 | TLE <u>Sr. Staff A</u> | ssistant | DATE09- | 11-95 |
| TYPE OR PRINT NAME TE | rry L. Harvey | | | TELEPHONE NO. 505 | 393-2144 |
| (This space for State Use) ORIGIN | IAL SIGNED BY | | | | |
| G | ARY WINK | | | SEP | 28 199 |
| CONDITIONS OF APPROVAL IF ANY: | TI TILL TI | TLE | | DATE | - |

