## **State of New Mexico**

Form C-103

Submit 3 copies

to Appropriate District Office	Ener	Vinerals and Natu	ral Resources Departmer	Revised March 25, 19
DISTRICT I 1625 N. French Dr., Hobbs, NM 88240 DISTRICT II	OIL		TION DIVISION St. Francis Dr.	WELL API NO. 30-025-04122
811 S. First, Artesia, NM 88210		Santa Fe,	NM 87504	5. Indicate Type of Lease
DISTRICT III				STATE _ FEE _
1000 Rio Brazos Rd., Aztec, NM 87410	0			6. State Oil / Gas Lease No.
1		EPORTS ON WELLS		· Constitute of the second
(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 North Monument G/SA Unit Blk. 13
1. Type of Well WELL	GAS WELL	OTHER		
2. Name of Operator Ame	erada Hess Co	orporation		8. Well No.
3. Address of Operator P.O	. Box 840, Ser	ninole, TX 79360		9. Pool Name or Wildcat Eunice Monument G/SA
4. Well Location		Foot From Yho	North Line and 660	Foot From The Ward
Unit Letter D	: 660	Feet From The	North Line and 660	Feet From The <u>West</u> Line
Section 35	Towns	hip <u>19S</u>	Range <u>36E</u> N	MPM <u>Lea</u> COUNTY
	10. El	evation (Show whether D	F, RKB, RT,GR, etc.)	
11. Che	eck Approp	riate Box to Indica	ate Nature of Notice, Re	port, or Other Data
NOTICE OF INTE	NTION TO	•	SUI	BSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG A	ND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANG	E PLANS	COMMENCE DRILLING OPE	RATIONS PLUG AND ABANDONMENT
PULL OR ALTER CASING	1		CASING TEST AND CEMENT	r Job 🗍 ·
OTHER:			OTHER:	
starting any proposed work	k) SEE RULE 11	03.	onent details, and give pertinent da	tes, including estimated date of  set above perfs., circ. pkr. fluid & press. test

I hereby certify that the information above/s true and a complete to the best of my SIGNATURE	knowledge and belief	DATE04/26/2001
TYPE OR PRINT NAME Roy L. Wheeler, Jr.		TELEPHONE NO. 915-758-6778
(This space for State Use)	Paul Kaucz Paul Kaucz Godopat	<del>V</del>
APPROVED BY	TITLE	DRIL
CONDITIONS OF APPROVAL, IF ANY:		>

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