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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 type="checkbox"/> Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.

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-121 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 J.R. Phillips
3. Address of Operator Drawer "D", Monument, New Mexico 88265	9. Well No. 8
4. Location of Well UNIT LETTER <u>G</u> <u>2088.5</u> FEET FROM THE <u>North</u> LINE AND <u>1980</u> FEET FROM THE <u>East</u> LINE, SECTION <u>1</u> TOWNSHIP <u>20-S</u> RANGE <u>36-E</u> NMPM.	10. Field and Pool, or Wildcat Eunice-Monument (G/SA)
11. Elevation (Show whether DF, RT, GR, etc.) 3580' DF	12. County Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☒
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐
OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☐
OTHER ☐
ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

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.

Plan to: Pull production equipment, run packer and set at 3688', swab test perfs 3636' to 3684'. If gas productive, pull packer and tubing, run and set CIBP at 3690' with cement on top. Run packer and tubing, swab in and produce as Grayburg Gas Well. /

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

SIGNED H. D. Porter TITLE Supvr., Admin. Services

DATE 1/28/76

APPROVED BY Jerry TITLE

CONDITIONS OF APPROVAL, IF ANY:

DATE