

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

DISTRICT I  
P.O. Box 1980, Hobbs NM 88241-1980

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.	30-025-04140
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	B-154-3
7. Lease Name or Unit Agreement Name	NORTH MONUMENT G/SA UNIT BLK. 19
8. Well No.	5
9. Pool name or Wildcat	EUNICE MONUMENT G/SA
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER INJECTION WELL.	2. Name of Operator Amerada Hess Corporation
3. Address of Operator P.O. DRAWER D, MONUMENT, NM 88265	4. Well Location Unit Letter E : 1980 Feet From The NORTH Line and 660 Feet From The WEST Line Section 1 Township 20S Range 36E 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:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐  
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER: INITIAL WATER INJECTION OPERATIONS ☒

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 #1905 - 01/23/97

BEGAN INJECTING WATER AT A RATE OF 1,307 BWPD. CHOKE SET AT 1/64 AND 0 PSI TUBING PRESSURE.  
ORDER NO. R-9596.

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

SIGNATURE Terry L. Harvey TITLE SR. STAFF ASSISTANT DATE 01/24/97  
TYPE OR PRINT NAME TERRY L. HARVEY TELEPHONE NO. 505-393-2144

(This space for State Use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: