Submit 3 Copies to Appropriate

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

District Office	morals and return i	resources Department	Revised 1-1-89
DISTRICT I P.O. Box 1980, Hobbs NM 88241-1980	OIL CONSERVATION		WELL API NO.
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Canta Fo. Nov. Marian 27504 2022		30-025-04140
DISTRICT III			5. Indicate Type of Lease STATE X FEE
1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No. B-154-3
(DO NOT USE THIS FORM FOR PRO	CES AND REPORTS ON WEL POSALS TO DRILL OR TO DEEPEN	OR PLUG BACK TO A	
(FORM C-101) FOR SUCH PROPOSALS.)			7. Lease Name or Unit Agreement Name NORTH MONUMENT G/SA UNIT
1. Type of Well: OIL GAS WELL GAS WELL	OTHER IN IF	CTION WELL	BLK. 19
2. Name of Operator		COTON WELL	8. We'l No.
Amerada Hess Corporation	on		5
3. Address of Operator P.O. DRAWER D. MONUMEN	T, NM 88265		9. Pool name or Wildcat EUNICE MONUMENT G/SA
4. Well Location Unit Letter E: 1980	Feet From The NORTH	Line and 660) F. F. WEST
Section 1	000		Total The Lin
Section 1	Township 20S Ra	enge 36E j er DF, RKB, RT, GR, etc.	NMPM LEA County
11. Chark Any			<i>\(\(\(\(\(\(\(\(\(\(\(\(\(\(\(\(\(\(\(</i>
NOTICE OF IN	propriate Box to Indicate		
	<u></u>	308	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	
PULL OR ALTER CASING		CASING TEST AND CEN	MENT JOB
OTHER: CONVERT TO INJECTION		OTHER:	
 Describe Proposed or Completed Operation SEE RULE 1103. 	ations (Clearly state all pertinent deta	ails, and give pertinent date	es, including estimated date of starting any propose
NMGSAU #1905			
TIH W/3-3/8" CSG. GUN. SCHLUMBERGER. TIH W/SON NEFE DI HCL W/1.5% DP-77 @ +/-3,700'. SWAB/FLOW W/2-3/8" LINED INJ. TBG.	TOH & LAY DWN. RODS & PUM O.C.'S & TBG. CLEAN OUT LI PERF. 3,705'-3,727', 2 JSP IC HAMMER ON TBG. TO TD. MX MICELLAR SOLVENT. TOH BACK LOAD. TOH W/TBG. & P W/INJ. PKR. ND BOP. NU STATIC BTM. HOLE PRESS. BE	NER TO 3,889'. TO PF, 180 DEG. PHASED RU ACID CO. ACIDI W/SONIC HAMMER. T PKR. LAYING DWN. PRO IN.1 WELLHEAD ASSE	H W/BIT. RU WIRELINE CO. HEG CHGS. RD ZE WELL W/4,500 GALS. 15% IH W/TBG. & PKR. SET PKR. OD. TBG. PU & TIH
I hereby certify that the information above is true	and complete to the best of my knowledge	and belief.	
SIGNATURE LEVY	Harry THL	E SR. STAFF ASSISTA	ANT DATE 08/19/96
TYPE OR PRINT NAME TERRY L. HARVE	<u>'</u>		TELEPHONE NO. 505-393-2144
(This space for State Use)	WAS SIGNAL BY THE THE STAY	1	000 000 2144
ADDROVEN	ngg (1927 : Matan Abuk		F 20 6 € 1872
CONTITIONS OF APPROVAL IT ANY	тпи	E	DATE