N + OF COPIES RECEIVED		Form C-103
DISTRIBUTION		Supersedes Old
FILE	NEW MEXICO OIL CONSERVATION COMMISSION	C-102 and C-103 Effective 1-1-65
U.S.G.S.		Sa. Indicate Type of Lease State XX Fee
		5. State Oll & Gas Lease No. B-154
UPO NOT USE THIS FORM FOR PRO	Y NOTICES AND REPORTS ON WELLS POSALS TO DELLA ON TO DELLEN OR PLUG BACK TO A DIFFERENT RESERVOI ION FOR PERMIT 21 (FORM C-101) FOR SUCH PROPOSALS.)	
OIL GAS WELL	OTHER-	7. Ur : Agreement Name
2. Nume of operator Amerada Hess Corporat	8. Form or Lease Name State "D"	
 A Hreas of Operator Drawer "D", Monument 	9. Well No.	
4, Location of Well	980 North 1000	10. Fleld and Pool, or Wildcat Eunice-Monument G-SA
	1 TOWNSHIP 20-S RANGE 36-E	
	12. County Lea	
NOTICE OF IN	Ppropriate Box To Indicate Nature of Notice, Report SUBS	rt or Other Data EQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK COMMENCE DRILLING OPNS. CHANGE PLANS CASING TEST AND CEMENT JOB	ALTERING CASING
OTHEN	OTHER	

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.

Ran gauge ring to 3700'. Set 6-5/8" EZ drill plug at 3670' with 5 sacks cement on top of plug. Top of cement at 3635'. Tested 6-5/8" casing w/500# O.K. Perforated 6-5/8" casing from 3460' to 3466', 3470' to 3478', 3492' to 3495', 3507' to 3540', 3552' to 3557', 3580' to 3590', 3600' to 3615' with 2 shots per foot. Ran tubing and packer. Acidized perforations 3580' to 3615' with 1000 gals. 15% EZ flow acid. Reset packer and acidized perforations 3460' to 3615' with 6000 gals. 15% EZ flow acid. Reran tubing with production equipment. Swab tested. Well started flowing. 24 Hrs. Flowed O BO & 8 BLW on 14/64" choke. TP 125# Gas Volume 550 MCFPD.

Well reclassified from oil well to gas well in oil reservoir.

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

SIGNED M Such		Supver., Admin. Services	1-6-75	
	Joe D. Romer			
APPROVED BY		TITLE	DATE	N.
CONDITIONS OF APPROVAL, IF ANY:				