

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.	30-025-04156
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	B-1656-2
7. Lease Name or Unit Agreement Name	
North Monument G/SA Unit Blk. 18	
8. Well No.	15
9. Pool name or Wildcat	Eunice Monument G/SA

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 <input checked="" type="checkbox"/> Injection Well	
2. Name of Operator Amerada Hess Corporation	
3. Address of Operator P. O. Box 840, Seminole, Texas 79360-0840	
4. Well Location Unit Letter <u>0</u> : <u>660</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u> Line Section <u>2</u> Township <u>20S</u> Range <u>36E</u> NMPM <u>Lea</u> 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: Began 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.

2-24-97

Began first injection of water at rate of 1,281 B.W./D. on 1/64" choke. 0 PSI tbg. press.

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

SIGNATURE R. L. Wheeler, Jr. TITLE Admin. Svc. Coord. DATE 2-26-97

TYPE OR PRINT NAME R. L. Wheeler, Jr. TELEPHONE NO. 915 758-6778

(This space for State Use)

ORIGINAL SIGNED BY  
GARY WINK  
FIELD REP. II

APPROVED BY ICB TITLE ICB DATE FEB 28 1997

CONDITIONS OF APPROVAL, IF ANY: