O. OF CUPIES RECEIVED		Form C -103
DISTRIBUTION		Supersedes Old C-102 and C-103
SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION	Effective 1-1-65
FILE		
U.S.G.S.		5a. Indicate Type of Leuse
LAND OFFICE	•	State X Fee
OPERATOR		5. State Oil & Gas Lease No.
		B-1656
SUNDRY (DO NOT USE THIS FORM FOR PROPOSE)SE "APPLICATION	NOTICES AND REPORTS ON WELLS SAUS TO BRITIL OR TO DEEFEN OR PLUG BACK TO A DIFFERENT RESERVOIR. LECR PERMIT - 11 (FORM G-101) FOR SUCH PROPOSALS.)	
JSE TAPPLICATION	FIGH PERMIT OF FIGHT OF DIE FOR SUCH PROPOSALS.)	7, Unit Agreement Name
OIL X CAS	OTHER-	
2. Name of Operator		8. Farm or Lease Name
Amerada Hess Corporation	n ·	State "J"
3. Address of Operator		9. Well No.
Drawer "D", Monument, Ne	ew Mexico 88265	2
4. Location of Well		10. Field and Pool, or Wildcat
UNIT LETTER J . 198	80 FEET FROM THE EAST LINE AND 1980 FEET FROM	Monument - G/SA
THE South LINE, SECTION	2 TOWNSHIP 20-S RANGE 36-E NMPM	
	15. Elevation (Show whether DF, RT, GR, etc.)	12. County
	3597' DF	Lea
Check Ap	propriate Box To Indicate Nature of Notice, Report or Ot	her Data
NOTICE OF INT	ENTION TO: SUBSEQUEN	T REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS CASING TEST AND CEMENT JOB	
	OTHER	L
OTHER		
17. Describe Proposed or Completed Opera	ations (Clearly state all pertinent details, and give pertinent dates, including	g estimated date of starting any proposed
work) SEE RULE 1103.		
Pulled rade and tubing.	Strip shot 150 GM shot per foot from 3800' t	o 3850'. Top of
fill at 3886'. Ran san	nd pump and cleaned to 3892'. Sand pumped 8' f	ill to 3900'.
Ran production equipmen	at, loaded tubing and displaced 55 gallons scal	e inhibitor
with 30 bbls. 50-50 bri	ne pumped down caseing, returned to production	.•
	•	
4		
•		
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18. I becally certify that the information of	have is true and complete to the best of my knowledge and belief	
18. I hereby certify that the information ab	bove is true and complete to the best of my knowledge and belief.	
18. I hereby certify that the information ab		1,20/76
18. I hereby certify that the information ab	bove is true and complete to the best of my knowledge and belief. Title Supvr., Admin. Services	DATE
18. I hereby certify that the information ab		DATE

CONDITIONS OF APPROVAL, IF ANY: