Submit 3 Copies to Appropriate District Office

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT I	OIL CONSERVATI	ION DIVISION		
P.O. Box 1980, Hobbs NM 88241-1980 P.O. Box 2088			WELL API NO. 30-025-04158	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088			5. Indicate Type of Lease	
DISTRICT III			STATE STATE 6. State Oil & Gas Lease No.	FEE 🗌
1000 Rio Brazos Rd., Aztec, NM 87410				.656-2
SUNDRY NOTICES AND REPORTS ON WELLS				
(DO NOT USE THIS FORM FOR FROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			7. Lease Name or Unit Agreement	Name
1. Type of Well: OIL GAS WELL OTHER INJECTION WELL			NORTH MONUMENT G/SA UNIT BLK. 18	
2. Name of Operator			8. Well No.	
Amerada Hess Corporation			11	
3. Address of Operator P. O. Drawer D, Monument, NM 88265			9. Pool name or Wildcat EUNICE MONUMENT G/SA	
4. Well Location Unit Letter K: 1980	Feet From The WEST	Line and 198	O Feet From The SO	OUTH Line
	- ·· 000	- 265		
Section 2	Township 20S ////// 10. Elevation (Show wh	Range 36E ether DF, RKB, RT, GR, etc	NMPM LEA	County
	<u>/////////////////////////////////////</u>			
		te Nature of Notice,	Report, or Other Data	
NOTICE OF INT	rention to:	SUB	SEQUENT REPORT	OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CAS	SING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OPNS. DPLUG AND ABANDONMENT		
PULL OR ALTER CASING		CASING TEST AND CE	MENT JOB	
OTHER:		OTHER: Initial	<u>Water Injection Opera</u>	tions. X
12. Describe Proposed or Completed Opera work) SEE RULE 1103.	tions (Clearly state all pertinent	details, and give pertinent dat	tes, including estimated date of start	ing any proposed
NMGSAU #1811 - 09/07/95	:			
Began injecting water a vacuum. Order No. R-95		WPD. Choke set a	t 1/64 and tubing pre	ssure -
	7.0 7			
	J'anoist			
	my ar	(7-		
	Y	Vν		
	*			
I hereby certify that the information above is true	and complete to the best of my knowl-	edge and belief.		
SIGNATURE	X. Harvey	TITLE Sr. Staff A	ssistant DATE 0	9-11-95
TYPE OR PRINT NAME Te	rry L. Harvey		TELEPHONE NO. 5	05 393-2144
(This space for State Use)	IGNAL DAMED BY			
	GARY 机熔 <mark>板</mark> Fleich, papa 其		SEF	P 28 1995
APPROVED BY	t trata a production of the second	TITLE	DATE	