

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.	30-025-04161
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	B-1936-9
7. Lease Name or Unit Agreement Name	
NORTH MONUMENT GB/SA UNIT BLK. 18	
8. Well No.	13
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 type="checkbox"/> INJECTION WELL	
2. Name of Operator Amerada Hess Corporation	
3. Address of Operator P.O. Box 840, Seminole, Texas 79360	
4. Well Location Unit Letter <u>M</u> : <u>660</u> Feet From The <u>SOUTH</u> Line and <u>660</u> Feet From The <u>WEST</u> Line Section <u>2</u> Township <u>20S</u> Range <u>36E</u> NMPM LEA 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: CONVERT TO INJECTION WELL. ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

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.

NMGSAU #1813

Order No. R-9596

Plan to:

MIRU. SET PACKER @ +\ -3,746'. TST. CSG. TO 700 PSI. TOH W/PKR. & DRILL OUT FR. 3,818' - 4,010'. CIRC. HOLE CLEAN. RUN GRN/CCL/BHC FR. 4,010' - 3,208'. ASSURE THAT TD HAS PENETRATED THE BASE OF ZONE 7. IF NOT, DEEPEN AS INDICATED FR. OH LOGS. ACIDIZE OH W/SONIC HAMMER USING 12,700 GALS. OF 15% NEFE ACID. TIH W/INJ. EQUIPMENT. SET PKR. @ +\ -3,706'. RDMO. CI WELL FOR 72 HOURS & RUN DIP-IN PRESSURE SURVEY. PLACE WELL ON INJECTION.

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

SIGNATURE Terry L. Harvey TITLE SR. STAFF ASSISTANT DATE 06-04-97

TYPE OR PRINT NAME TERRY L. HARVEY

TELEPHONE NO. 505-393-2144

(This space for State Use)

ORIGINAL SIGNED BY CHRIS WILLIAMS
DISTRICT SUPERVISOR

APPROVED BY _____

TITLE _____

DATE _____