

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

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO.

30-025-04165

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

A-1375-39

7. Lease Name or Unit Agreement Name

North Monument G/SA Unit B1k. 18

8. Well No.

1

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 ☐

GAS
WELL ☐

OTHER Water 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 A : 660 Feet From The North Line and 660 Feet From The East Line

Section 2 Township 20S Range 36E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

3590' GL

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:

☐

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.

Plan to MIRU pulling unit, remove wellhead, install BOP & TOH w/inj. eqpt. TIH w/6-1/8" bit & clean out to TD. Acidized perms. fr. 3720' - 3791' & O.H. fr. 3791' - 3945' w/5600 gal. Pentol 200 acid using gelled brine & rock salt as diverter. Re-run injection eqpt. & resume injecting water.

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

SIGNATURE

Roy L. Wheeler, Jr.

TITLE Bus. Svc. Spec. II

DATE 12-15-99

TYPE OR PRINT NAME Roy L. Wheeler, Jr.

TELEPHONE NO. 915 758-6700

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: