

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CCN - Halls

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.

Use "APPLICATION FOR PERMIT -" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well: ☐ OIL WELL ☐ GAS WELL ☐ OTHER TA'd Well.

2. Name of Operator
Amerada Hess Corporation

3. Address and Telephone N P.O. Box 840, Seminole, TX 79360 915-758-6778

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Unit Letter A : 660 Feet From The North Line and 660 Feet From The
East Line Section 3 Township 020S Range 036E

5. Lease Designation and Serial No.
Federal NM-1150

6. If Indian, Alottee or Tribe Name

7. If Unit or CA, Agreement Designation
NM85324X

8. Well Name and Number
North Monument G/SA Unit Blk. 18
No. 17

9. API Well No.
30-025-04174

10. Field and Pool, Exploratory Area
Eunice Monument G/SA

11. County or Parish, State
Lea, NEW MEXICO

12. Check Appropriate Box(s) To Indicate Nature of Notice, Report, or Other Data

TYPE OF SUBMISSION

- ☐ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ OTHER: Casing Integrity Test.
☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log Form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this

1-31-2001

Performed casing integrity test by notice received from NMOCD. Press. tested csg. to 520 PSI for 30 min. Held OK. Test witnessed by NMOCD representative. Copies of chart and NMOCD Form C-103 attached.

Amerada Hess Corporation respectfully request a continued TA'd status on well for future North Monument Grayburg San Andres Unit operations.

TA approved for 12 months
Ending 11/31/2002

14. I hereby certify that the foregoing is true and correct

SIGNATURE Roy L. Wheeler, Jr.
TYPE OR PRINT NAME Roy L. Wheeler, Jr.

TITLE Bus. Svc. Spec. II

DATE 02/02/2001

(This space for Federal or State office use)

APPROVED BY (ORIG. SGD.) JOE G. LARA

TITLE

Petroleum Engineer

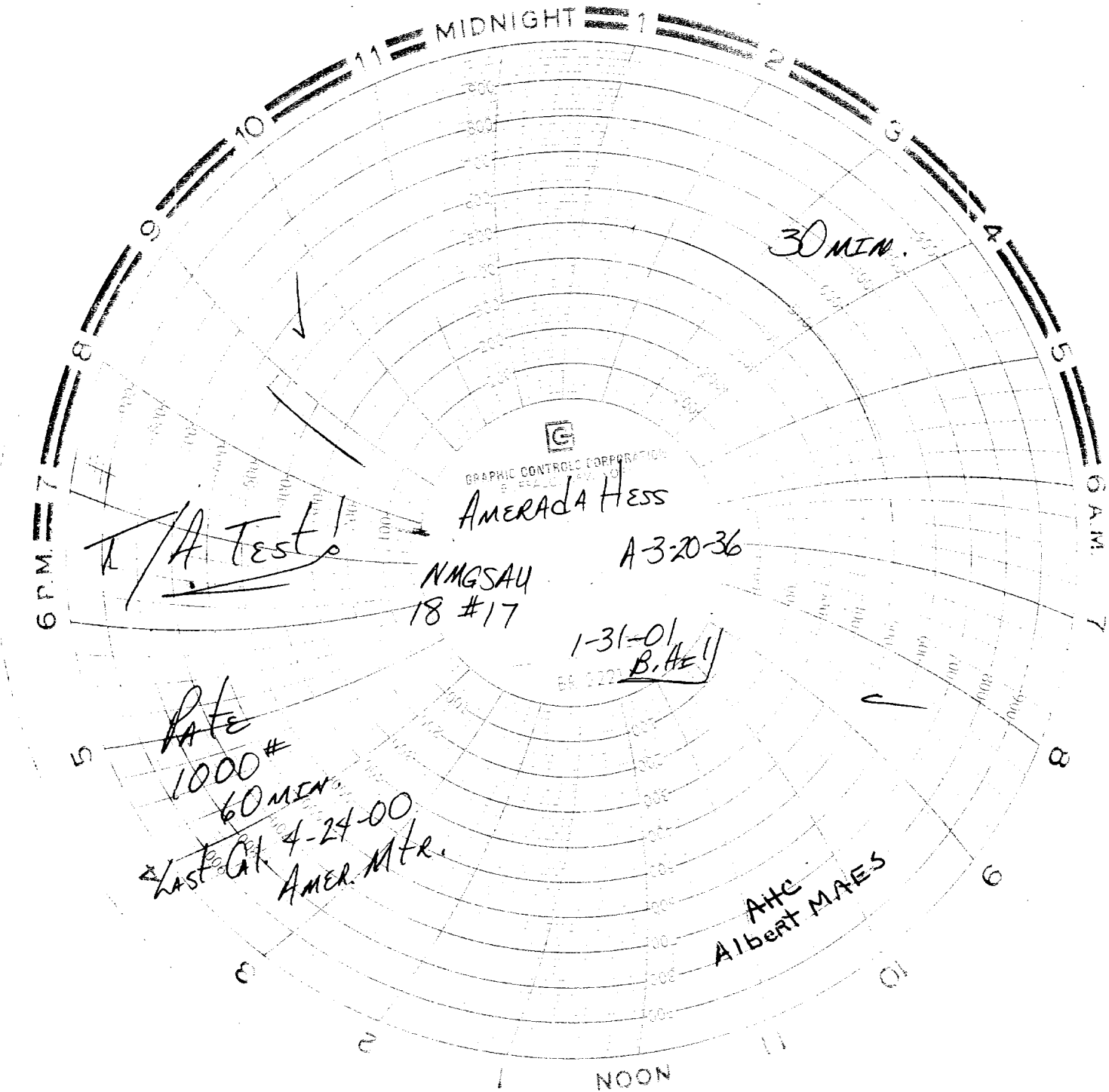
DATE 5/7/2001

CONDITIONS OF APPROVAL, IF ANY:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

GWW





GRAPHIC CONTROLS CORPORATION
P.O. BOX 100, NEW YORK, N.Y. 10001

Amerada Hess

NMGS44
18 #17

A-3-20-36

1-31-01
B. A. #11

A Test!

Rate
1000 #
60 MIN.

Last at 4-24-00
Amer. Mtr.

AHC
Albert MAES



DISTRICT I

1625 N. French Dr., Hobbs, NM 88240

DISTRICT II

811 S. First, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.
Santa Fe, NM 87504

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.)		WELL API NO. 30-025-04174
1. Type of Well OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER TA'd Well.		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Amerada Hess Corporation		6. State Oil / Gas Lease No. Federal NM-1150
3. Address of Operator P.O. Box 840, Seminole, TX 79360		7. Lease Name or Unit Agreement Name North Monument G/SA Unit Blk. 18
4. Well Location Unit Letter <u>A</u> : <u>660</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u> Line Section <u>3</u> Township <u>020S</u> Range <u>036E</u> NMPM <u>Lea</u> COUNTY		8. Well No. 17
10. Elevation (Show whether DF, RKB, RT,GR, etc.)		9. Pool Name or Wildcat Eunice Monument G/SA

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 OPERATIONS ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☒ Casing Integrity Test.

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.

1-31-2001

Press. tested csg. to 520 PSI for 30 min. Held OK. Chart attached.

Amerada Hess Corporation respectfully request a continued TA'd status on well for future North Monument Grayburg San Andres Unit operations.

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 02/02/2001
TYPE OR PRINT NAME Roy L. Wheeler, Jr. TELEPHONE NO. 915-758-6778

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

