

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPlicate  
(Other Instructions  
reverse side)Form approved.  
Budget Bureau No. 42 R1424.  
5. LEASE DESIGNATION AND SERIAL NO.

LC-046164A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

## 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" for such proposals.)

1. <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OIL WELL <input type="checkbox"/> OTHER	7. UNIT AGREEMENT NAME			
2. NAME OF OPERATOR Amerada Hess Corporation	8. FARM OR LEASE NAME H.W. Andrews			
3. ADDRESS OF OPERATOR Drawer "D", Monument, New Mexico 88265	9. WELL NO. 2			
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit A, 660' FNL & 660' FEL of Section 11	10. FIELD AND POOL, OR WILDCAT Eunice-Monument (G-SA)			
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 11, T-20-S, R-36-E	12. COUNTY OR PARISH Lea	13. STATE New Mexico

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input checked="" type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>

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

17. 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 work.)\*

Plan to: Pull production equipment. String shoot open hole 3752' to 3801'..

tag for fill and clean out if necessary. Acidize with 2000 gals. 15% NE acid  
using BAF and rock salt as diverter. Swab test. Run production equipment  
and resume production.

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

SIGNED

TITLE Supver., Admin. Services

DATE 7-22-75

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

\*See Instructions on Reverse Side

JUL 24 1975  
JIM LEE  
DISTRICT ENGINEER