

UNIT STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPPLIC
(Other Instructions on
Reverse Side)Form approved
Budget Bureau No. 42 R1424
5. LEASE DESIGNATION AND SERIAL NO.

13 - 046161 (a)

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. OF WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	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. 3
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1380' FHL & 660' FHL	10. FIELD AND POOL, OR WILDCAT Eunice-Monument (2-3A)
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 11, T-20-S, R-36-E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3574'	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:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☒REPAIR WELL ☐(Other) ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON* ☐CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐(Other) ☐REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT* ☐(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.)*

Full production equipment, selectively perforate OH section 3803' - 3890'.
Run treating packer to + 3,750'. Acidize OH section w/7000 gals. 15% NE
Acid, using boric acid flakes and rock salt as diverter.

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

SIGNED

TITLE Supvr., Admin. Services

DATE 9-18-75

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

SEP 23 1975

JIM SIMS

DISTRICT ENGINEER

*See Instructions on Reverse Side