Form 9-331
(May 1963)

# UNITED STATES
# DEPARTMENT OF THE INTERIOR
## GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE* (Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424

5. LEASE DESIGNATION AND SERIAL NO.: Federal Lse. #LC064144(a)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

7. UNIT AGREEMENT NAME:

8. FARM OR LEASE NAME: H.W. Andrews

9. WELL NO.: #5

10. FIELD AND POOL, OR WILDCAT: Monument-Grayburg S.A.

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: Sec 12, T20S, R 36E

12. COUNTY OR PARISH: Lea

13. STATE: N.M.

## 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. OIL WELL: X GAS WELL: OTHER:

2. NAME OF OPERATOR: Amerada Hess Corporation

3. ADDRESS OF OPERATOR: Drawer "D", Monument, New Mexico 88265

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: Unit letter E - 1980' from the north line and 660' from the west line, section 12, township 20-S, range 36-E

14. PERMIT NO.:

15. ELEVATIONS (Show whether DF, RT, GR, etc.):

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

| NOTICE OF INTENTION TO: | | | | SUBSEQUENT REPORT OF: | | | |
|---|---|---|---|---|---|---|---|
| TEST WATER SHUT-OFF | | PULL OR ALTER CASING | | WATER SHUT-OFF | | REPAIRING WELL | |
| FRACTURE TREAT | | MULTIPLE COMPLETE | | FRACTURE TREATMENT | | ALTERING CASING | |
| SHOOT OR ACIDIZE | X | ABANDON* | | SHOOTING OR ACIDIZING | | ABANDONMENT* | |
| REPAIR WELL | | CHANGE PLANS | | (Other) | | | |
| (Other) | | | | (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.) *

Pull production equipment, selectively perforate and acidize OH 3808' - 3890' w/7000 gal. 15% NE acid. Swab test, rerun production equipment.

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

SIGNED [signature] TITLE Supver., 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
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side