Form 3160-5 (June 1990)

UNITED STATES DEPARTMENT OF THE INTERIOR

	N.M. OIL CONS. COMMISSION
7	N.M. OIL CONS. COMMISSION PO BOX 1980 HOSBS, NEW MEXICO88240

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	Ez	xires:	Mar	ch 31	, 1993	
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DUDEALLOR	Expires: March 31, 1993		
BUREAU OF	5. Lease Designation and Serial No.		
SUNDRY NOTICES	LC-046164-A		
	6. If Indian, Allottee or Tribe Name		
Use "APPLICATION FO	ill or to deepen or reentry to a different reservoir. R PERMIT—" for such proposals		
	7. If Unit or CA, Agreement Designation		
SUBMIT	7. If the or CA, Agreemen Designation		
1. Type of Well	***************************************	1	
Oil Gas Well Other TA D 2. Name of Operator		8. Well Name and No.	
AMERADA HESS CORPORATION	H.W. ANDREWS #6		
3. Address and Telephone No.	30-025-04230		
DRAWER D, MONUMENT, NEW MEXIC	0 88265 (505) 393-2144	10. Field and Pool, or Exploratory Area	
4. Location of Well (Footage, Sec., T., R., M., or Survey D	escription)	EUNICE MONUMENT G/SA	
660'		11. County or Parish, State	
600 FSL & 660' FWL, SEC. 12,	T_20S P_36F	LEA COUNTY, NM	
	s) TO INDICATE NATURE OF NOTICE, REPOR		
TYPE OF SUBMISSION		TI, ON OTHER DATA	
	TYPE OF ACTION		
Notice of Intent	Abandonment	Change of Plans	
Subsequent Report	Recompletion	New Construction	
CLD Subsequent Report	Plugging Back Casing Repair	Non-Routine Fracturing Water Shut-Off	
Final Abandonment Notice	Altering Casing	Conversion to Injection	
	Other CASING TEST	Dispose Water	
		(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	
give subsurface locations and measured and true vertices and true vertices are subsurface locations.	Il pertinent details, and give pertinent dates, including estimated date of starting call depths for all markers and zones pertinent to this work.)*	g any proposed work. If well is directionally drille	
ROWLAND TRUCKING PRESSURED TE CHART ATTACHED.	STED CASING TO 520# FOR 30 MINUTES.	HELD OK.	
AMERADA HESS CORPORATION RESP WELL UNTIL SUCH TIME AS IT IS	ECTFULLY REQUEST A CONTINUED TA'D STA DEEMED ECONOMICALLY FEASIBLE TO RE-EN	TUS ON CAPTIONED NTER WELLBORE.	
	THAPPROVED FOR 12 MONTH DE	RIQE	
	EMDING 2/16/95	sar mennus pu	
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14. I hereby certify that the foregoing is true and correct			
Signed !! Ellhuler &	Tide SUPV. ADMIN. SERV.	Date 2-22-94	
(This space for Federal or State office use) Approved by (0916:56D.) 105 G.	I FOE	Die Brilon	
to the state of th	aria	्राष्ट्रीया । व्यक्तिया । त्र	
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