

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
SUNDRY NOTICES AND REPORTS ON WELLS

SUBMIT IN TRIP
(Other instruction
verus side)

Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

LC-046164-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

(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 ☐ GAS WELL ☐ OTHER TA

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

660' FSL & 660' FWL

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

H. W. Andrews

9. WELL NO.

6

10. FIELD AND POOL, OR WILDCAT

Eunice Monument G/SA

11. SEC., T., R., M., OR BLK. AND
SUBSET OR AREA

Sec. 12, T20S, R36E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, OR, etc.)

3565' DF

12. COUNTY OR PARISH

Lea

13. STATE

N.M.

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*

Csg. test.

(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.)*

3-14-89

Chaparral Svc., Inc. press. tested csg. to 650# for 20 min. Held OK.

APPROVED FOR 12 MONTH PERIOD

ENDING

4/3/90

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

SIGNED

TITLE

Supv. Adm. Svc.

DATE

3-20-89

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

APR 3 1989

SJS

*See Instructions on Reverse Side

CARLSBAD, NEW MEXICO