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.
[illegible] (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. OIL WELL ☐ GAS WELL ☐ OTHER

7. UNIT AGREEMENT NAME

2. NAME OF OPERATOR
Amerada Hess Corporation

8. FARM OR LEASE NAME
H.J. Andrews

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

9. WELL NO.
6

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface
660' FSL and 660' FWL of Sec. 12

10. FIELD AND POOL, OR WILDCAT

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 12, T-20-S, R-36-E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3565' DF

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	☐	PULL OR ALTER CASING	☐	WATER SHUT-OFF	☐	REPAIRING WELL	☐
FRACTURE TREAT	☐	MULTIPLE COMPLETE	☐	FRACTURE TREATMENT	☐	ALTERING CASING	☐
SHOOT OR ACIDIZE	XX	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.) *

Plan to: Plan to set cast iron bridge plug in 6-5/8" casing above Grayburg Sanandres oil section as per logs. Dump cement on top of bridge plug. Perforate Grayburg San Andres gas interval from existing logs. Acidize perforations with 15% acid. Swab test.
Recomplete from T.A. to producing.

BLOW OUT PREVENTER REQUIRED.

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

SIGNED P.W. Black TITLE Supver., Admin. Services DATE 5-2-75

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

1975

*See Instructions on Reverse Side