

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

(PERMIT IN TRIANGLE  
OTHER IN TRIANGLE  
VERSE SIDE)

Form approved  
Budget Bureau No. 42 P1111  
5. LEASE DESIGNATION AND SERIAL NO.

LC-046164A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUMMARY NOTICES AND REPORTS ON WELLS

(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. ☒ NEW WELL ☐ CASING 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 space 17 below.)

At surface

660' from south line and 660 from west line of Sec 12

14. PERMIT NO.

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

3565' DF

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  
SURVEY OR AREA

Sec 12, T-20-S, R-36-E

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

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

PULL OR ALTER CASING

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

REPAIR WELL

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) T. A.

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input checked="" type="checkbox"/>
<input type="checkbox"/>

(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.)\*

Closed well in and T. A. as uneconomical to produce June, 1972

Plan to retest and if nonproductive in oil zone, reperforate in gas section of G-SA zone

Work to be done in 3rd quarter, 1975

This approval of temporary  
abandonment expires \_\_\_\_\_

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

SIGNED

TITLE Supvr. Admin. Services

DATE 10-11-74

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

OCT 24 1974

JIM SIMS

ACTING DISTRICT ENGINEER

\*See Instructions on Reverse Side