

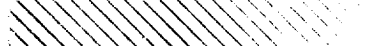
100-443
 James Earl Ray
 6-17-68 and C-163
 100-443-1-1-68

NAME	JOHN J. WARD
ASSIGNMENT	
DATE	11/1/61
TIME	
STATUS	
REMARKS	
LAND OFFICE	
OPERATOR	

5. State Oil & Gas Lease No. _____

(DO NOT USE THIS FORM FOR PROPOSALS TO BE MADE IN ANY OPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE APPLICATION FOR PERMIT TO DRILL (C-101) FOR SUCH PROPOSALS.)

OIL ☒ GAS ☐
WELL ☒ WELL ☐ OTHER ☐

Name of Operator Amerada Hess Corporation		8. Farm or Lease Name M.P. Eynd
Address of Operator Drawer "D", Monument, New Mexico 88265		9. Well No. 4
Location of Well UNIT LETTER C, 660' FEET FROM THE North LINE AND 1980 FEET FROM West		10. Field and Pool, or Well No. Tropic Monument (2-3)
TOWNSHIP 12		
RANGE 20-S 36-E		

	15. Elevation (Show whether DF, RT, GR, etc.) 3568' DF	12. County Lea	
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Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: | SUBSEQUENT REPORT

PERFORM REMEDIAL WORK	<input type="checkbox"/>	PLUG AND ABANDON	<input type="checkbox"/>	REMEDIAL WORK	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
TEMPORARILY ABANDON	<input type="checkbox"/>			COMMENCE DRILLING OPNS.	<input type="checkbox"/>	PLUG AND ABANDONMENT	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>	CASING TEST AND CEMENT JOB	<input type="checkbox"/>		
OTHER	<input type="checkbox"/>			OTHER	<input type="checkbox"/>		

7. Describe repeated or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Pulled production equipment. Perforated OH at 3782', 3786', 3790', 3792', 3796', 3806', 3808', 3812', 3824', 3828', 3832', 3834' with one shot each interval. Total 12 shots. Acidized OH 3778' to 3860' with 7000 gals. 15% NE acid with 900# 50-50 Benzoic flakes and rock salt as diverter. Reran production equipment and resumed production. No change in status.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED [Signature] TITLE Supver., Admin. Services DATE 4-8-75

APPROVED BY Joe D. Dancy TITLE _____ DATE 10/75

CONDITIONS OF APPROVAL, IF ANY: