

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL
(Other instructions
verse side)

TE
re

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

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR AMERADA HESS CORPORATION		8. FARM OR LEASE NAME H.W. ANDREWS	
3. ADDRESS OF OPERATOR DRAWER D, MONUMENT, NEW MEXICO 88265		9. WELL NO. 7	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' FNL & 2310' FWL		10. FIELD AND POOL, OR WILDCAT EUMONT YATES SEVEN RQ	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3584' DF	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC. 23, T20S, R36E	
		12. COUNTY OR PARISH LEA	
		13. STATE NM	

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) SQUEEZE PERFS. FR. 3025-3585' <input checked="" type="checkbox"/>	

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <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.) *

MIRU PULLING UNIT, PULL RODS AND PUMP. INSTALL BOP AND PULL TUBING. TIH WITH 5-1/2" GAUGE RING TO 3600' AND TOH. TIH WITH 5-1/2" CIBP AND SET AT 3600'. TOH. TIH WITH CEMENT RETAINER ON 2-3/8" TUBING AND SET AT 2975'. LOAD AND TEST TUBING TO 2000#. LOAD AND TEST BACKSIDE TO 500#. ESTABLISH INJECTION RATE INTO PERFORATIONS FR. 3025' TO 3585'. SQUEEZE WITH 400 SACKS CLASS "C" NEAT CEMENT. TOH. RIG UP REVERSE EQUIPMENT AND TIH WITH 4-3/4" BIT AND 6 3-1/2" DRILL COLLARS ON 2-3/8" TUBING. DRILL OUT CEMENT. TEST SQUEEZE TO 500# AS DRILLING THROUGH EACH INTERVAL. DRILL OUT CIBP AT 3600'. TAG FOR FILL AND CLEAN OUT IF NECESARY. TOH WITH TUBING, DC'S AND BIT. RIG DOWN EQUIPMENT.

(AFTER WORKOVER WELL WILL BE TURNED OVER TO CHEVRON.)

RECEIVED
DEC 21 10 23 AM '90
CARBON
AREA
OFFICE

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

SIGNED Cindy Robertson

TITLE SR. ADMIN. STAFF ASSIST.

DATE 12/19/90

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side