UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPL
(Other Instructions
verse side)

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re-

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.)

5. LEASE DESIGNATION AND SERIAL NO.

LC-046164A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

1.
OIL WELL [X]   GAS WELL [ ]   OTHER

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.

12

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

660' from north line and 660' from west line of Sec 23

10. FIELD AND POOL, OR WILDCAT

Eumont-Yates- 7 R Q

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

Sec 23, T-20-S, R-36-E

14. PERMIT NO.

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

12. COUNTY OR PARISH   13. STATE

Lea   N M

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

NOTICE OR INTENTION TO:

TEST WATER SHUT-OFF [ ]	PULL OR ALTER CASING [ ]
FRACTURE TREAT [ ]	MULTIPLE COMPLETE [ ]
SHOOT OR ACIDIZE [ ]	ABANDON* [ ]
REPAIR WELL [ ]	CHANGE PLANS [ ]
(Other)	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF [ ]	REPAIRING WELL [ ]
FRACTURE TREATMENT [ ]	ALTERING CASING [ ]
SHOOTING OR ACIDIZING [ ]	ABANDONMENT* [ ]
(Other) ___T. A.___	[X]

(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.) *

T. A. as nonproductive 5-61

Plan to retest and if nonproductive plug and abandon

Work to be done in 3rd quarter, 1975

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 _____   **APPROVED**

CONDITIONS OF APPROVAL, IF ANY:

OCT 24 1974

JIM SIMS

ACTING DISTRICT ENGINEER

See Instructions on Reverse Side