

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions
reverse side)

Form approved.
Budget Bureau No. 42 R1424
5. LEASE DESIGNATION AND SERIAL NO.

LC-046164A

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. WELL TYPE ☒ OIL WELL ☐ GAS 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 also space 17 below.)
At surface

1980' from south line and 660 from west line of Sec 23

14. PERMIT NO.

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

3590' DF

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

H. W. Andrews

9. WELL NO.

13

10. FIELD AND POOL, OR WILDCAT

Eumont Y - 7R - Q

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

Sec 23, 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 OR INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) T. A.

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

XX

(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 uneconomical to produce 5-24-61

Plan to retest well 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:

*See Instructions on Reverse Side

OCT 24 1974
JIM SIMS
ACTING DISTRICT ENGINEER