

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

**OIL CONSERVATION DIVISION**  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

|                                      |                                                                        |
|--------------------------------------|------------------------------------------------------------------------|
| WELL API NO.                         | 30-025-05574                                                           |
| 5. Indicate Type of Lease            | STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> |
| 6. State Oil & Gas Lease No.         |                                                                        |
| 7. Lease Name or Unit Agreement Name | North Monument G/SA Unit<br>Block 1                                    |
| 8. Well No.                          | 14                                                                     |
| 9. Pool name or Wildcat              | EUNICE MONUMENT G/SA                                                   |

|                                                                                                                                                                                                               |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>SUNDRY NOTICES AND REPORTS ON WELLS</b><br>(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) |  |
| 1. Type of Well:<br>OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER                                                                                                      |  |
| 2. Name of Operator<br>AMERADA HESS CORPORATION                                                                                                                                                               |  |
| 3. Address of Operator<br>DRAWER D, MONUMENT, NM 88265                                                                                                                                                        |  |
| 4. Well Location<br>Unit Letter <u>N</u> : <u>330</u> Feet From The <u>South</u> Line and <u>2310</u> Feet From The <u>West</u> Line<br>Section <u>7</u> Township <u>19S</u> Range <u>37E</u> NMPM LEA County |  |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.)                                                                                                                                                            |  |

|                                                                               |                                                                                 |
|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data |                                                                                 |
| <b>NOTICE OF INTENTION TO:</b>                                                | <b>SUBSEQUENT REPORT OF:</b>                                                    |
| PERFORM REMEDIAL WORK <input type="checkbox"/>                                | REMEDIAL WORK <input type="checkbox"/>                                          |
| TEMPORARILY ABANDON <input type="checkbox"/>                                  | ALTERING CASING <input type="checkbox"/>                                        |
| PULL OR ALTER CASING <input type="checkbox"/>                                 | COMMENCE DRILLING OPNS. <input type="checkbox"/>                                |
| OTHER: <input type="checkbox"/>                                               | PLUG AND ABANDONMENT <input type="checkbox"/>                                   |
|                                                                               | CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>                  |
|                                                                               | OTHER: <u>Well CI for future operations</u> <input checked="" type="checkbox"/> |

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

09-02 thru 09-30-92

X-Pert Well Serv. rigged up pulling unit & installed BOP. 5-1/2" fullbore pkr. on 30 jts. 2-3/8" tbg. & tested 5-1/2" csg. Found top of csg. leak at 321' & bottom at 935'. TOH w/ tbg. & pkr. Removed BOP & cut wellhead off 8-5/8" surface csg. & 5-1/2" prod. csg. Installed a new wellhead. Ran spear into 5-1/2" csg. & pulled 25,000#. Set wellhead slips and released spear. Installed BOP. Ran pkr. & tbg. & tested 5-1/2" csg. Found csg. leak between 380'-410'. Tested & found casing leaks from 410'-935'. Press. to 1000#. Leaked to 500# in 15 min. Ran pkr. to 950' & press. upon 5-1/2" csg. below pkr. to 560# for 30 min. Held OK. TOH w/tbg. & pkr. Rigged up Halliburton & cement squeezed 5-1/2" csg. leak at 380'-410' w/300 sks. cement, 200 sks. Class "C" Neat w/2% calcium chloride, 1/4 lb per sk. flocele mix & 100 sks. Class "C" Neat cement down the 5-1/2" csg. Have 236 sks. in formation left. 38 sks. in the csg. & 26 sks. in the tub. Press. up on csg. to 1000#.

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

SIGNATURE R. L. Wheeler, Jr. TITLE Supv. Adm. Svc. DATE 10/27/92

TYPE OR PRINT NAME R. L. Wheeler, Jr. TELEPHONE NO. 505 393-2144

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

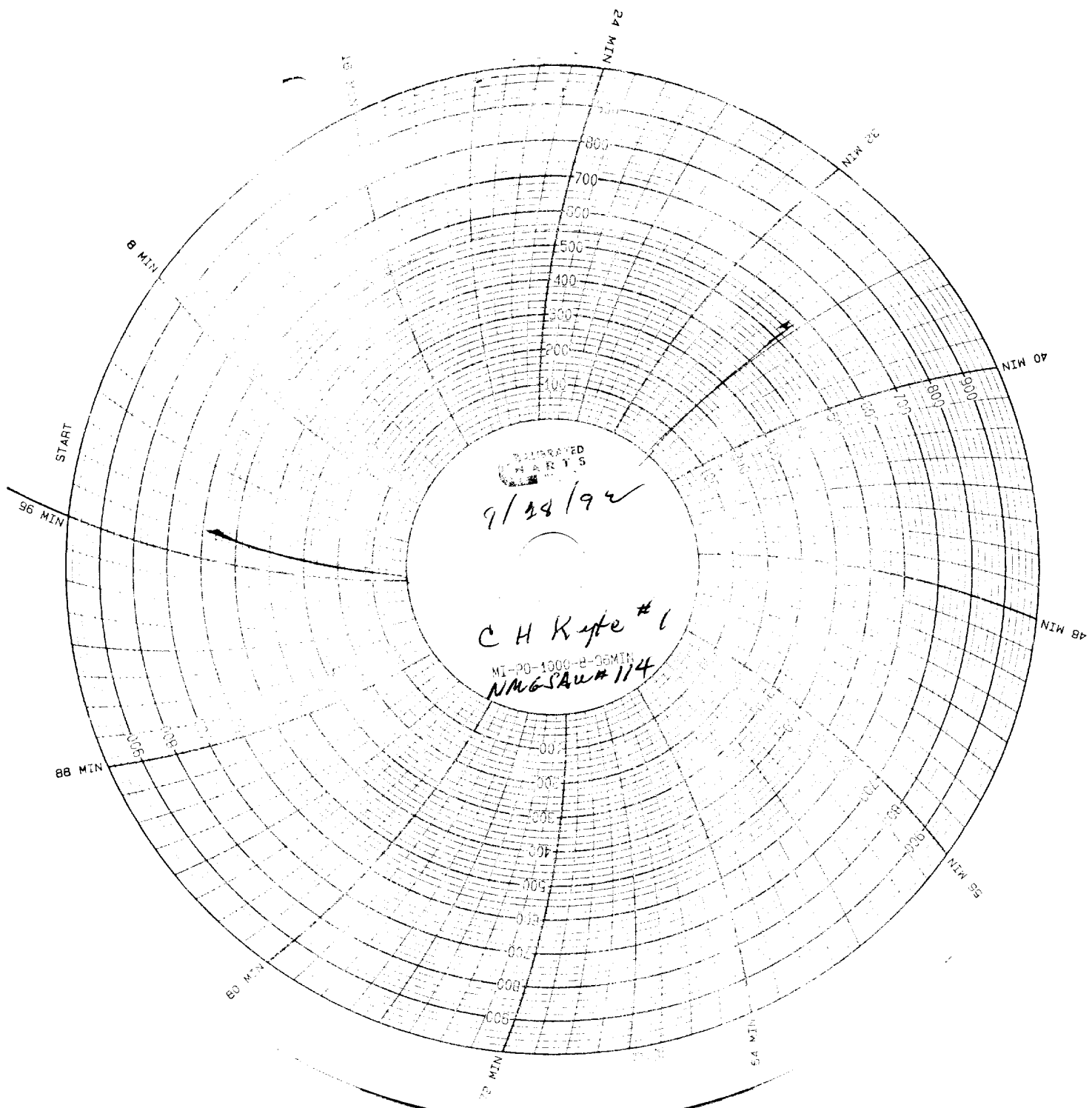
NOV 02 '92

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

WOC. Ran a 4-3/4" bit, tagged up on cement at 43'. Broke circulation & drilled hard cement from 48' to 430'. Circulated clean & press. up on 5-1/2" csg. to 430' to 500#. Leaked off 180# in 10 min. Broke circulation & drilled out hard cement to 445' & soft cement to drill out at 517'. Ran tbg. to 944' & circulated clean. Press. up on csg. to 500#. Leaked off 150# in 10 min. Ran a 5-1/2" x 2-3/8" Baker fullbore pkr. set at 352'. Tested csg. above pkr. to 500#. Held OK. Ran tbg. & pkr. down the hole & found leak between 405'-413'. Halliburton spotted 75 sks. micro-matrix cement over csg. leaks fr. 957' to 262'. Ran a 5-1/2" Baker fullbore pkr. at 196'. Press. up on csg. to 1000#. Put 1 bbl. into csg. leak. Press. dropped to 700. Press. back up to 1000#. Waiting on cement. Ran bit, tagged cement at 398'. Press. up on 5-1/2" csg. to 550#. Leaked 180# in 10 min. Drilled cement to 491'. Circulated clean. Ran a pkr. & set at 352'. Tested csg. above pkr. to 500#. Held OK. TOH w/pkr. Halliburton spotted 27 sks. micro-matrix cement from 490'-250'. Ran a 5-1/2" x 2-3/8" Baker fullbore pkr., set at 137'. Waiting on cement. TOH w/pkr. Ran a 4-3/4" bit. Tagged cement at 330'. Drilled good cement to 399' & tested csg. leak fr. 352' to 399'. Held OK. Drilled to 430' & tested to 550#, leaked 150# in 1 min. Drilled soft cement from 430' to 943'. Drilled out & circulated clean. Tested csg. to 540#, leaked 140# in 5 min. TOH w/bit. Ran a 5-1/2" x 2-3/8" Baker fullbore pkr. set 935'. Tested below pkr. to 550#. Leaked 400# in 3 min. Set pkr. at 964' & tested csg. below pkr. to 540#. Held OK. Tested up the hole & found top leak between 405' & 413'. Leaked 180# in 10 min. TOH w/pkr. Spotted 90 sks. micro-matrix cement from 957' to 250'. Ran 5-1/2" x 2-3/8" fullbore pkr. & set at 135'. Pres. up on csg. to 1000#. Displaced 2 bbls. cement into csg. leaks. Waiting on cement. Released pkr. & TOH. Ran a 4-3/4" bit. Tagged up on cement at 422'. Drilled hard cement from 425' to 798'. Circulated clean. Drilled hard cement fr. 798' to drill out 958'. Circulated clean. Ran a 5-1/2" fullbore pkr. to 445'. Tested below pkr. to 540# & leaked 120# in 17 min. Tested above pkr. to 560# & leaked 180# in 23 min. TOH w/pkr. Ran a 5-1/2" cup type RBP & set at 969'. Tested RBP w/pkr. Tested OK. Tested 5-1/2" csg. from 969' w/pkr. & RBP. Found csg. leak between 382' & 476'. TOH w/RP. Ran 5-1/2" pkr. & set at 500'. Tested csg. below pkr. to 540# for 36 min. Held OK. TOH w/tbg. & pkr. Circulated 5-1/2" csg. clean w/fresh water. Halliburton spotted 25 sks. of micro-matrix cement from 500'-250'. Circulated clean. Ran 5-1/2" pkr. & set at 135'. Press. up on csg. to 500#. Waiting on cement. TOH w/tbg. & pkr. Ran a 4-3/4" bit. Tagged cement at 319'. Drilled hard cement from 319' to drill out at 490'. Ran to 528' & circulated clean. Press. up on 5-1/2" csg. to 550# for 36 min. Held OK. Ran bit to CIBP at 3818'. Displaced csg. w/130 bbls. of pkr. fluid. Pulled & laid down 2-3/8" tbg. string, drill collars, & bit. Removed the BOP & installed wellhead. Rigged down & cleaned location.

Well closed in for future NMGSAU operations.



RECORDED  
HARTS

9/28/92

CH Kite #1

MI-20-1000-2-05MIN

NMGSAW #114

24 MIN

32 MIN

40 MIN

48 MIN

56 MIN

64 MIN

72 MIN

80 MIN

88 MIN

96 MIN

START

Pomeroy Hess Corp.  
C. H. Kyster # 1  
36 min test  
Joe Smith  
9/28/92

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P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
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DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

**OIL CONSERVATION DIVISION**  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

WELL API NO.

30-025-05574

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

**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"  
(FORM C-101) FOR SUCH PROPOSALS.)

7. Lease Name or Unit Agreement Name

BLOCK 1

NORTH MONUMENT G/SA UNIT

1. Type of Well:

OIL  
WELL ☒

GAS  
WELL ☐

OTHER

2. Name of Operator

AMERADA HESS CORPORATION

8. Well No.

14

3. Address of Operator

DRAWER D, MONUMENT, NM 88265

9. Pool name or Wildcat

EUNICE MONUMENT G/SA

4. Well Location

Unit Letter N : 330 Feet From The SOUTH Line and 2310 Feet From The WEST Line  
Section 7 Township 19S Range 37E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

**NOTICE OF INTENTION TO:**

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: REPAIR CSG. ☒

**SUBSEQUENT REPORT OF:**

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

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

PLAN TO MIRU PULLING UNIT AND TOH WITH RODS AND PUMP. REMOVE WELLHEAD, INSTALL BOP AND TOH WITH TBG. TIH W/PKR. TESTING AT INTERVALS TO LOCATE CSG. LEAK. EST. INJ. RATE INTO LEAK. CUT OFF AND REPLACE TOP JOINT OF 8-5/8" SURFACE CASING. TIH WITH CEMENT RETAINER AND SQUEEZE CSG. LEAK AS CONDITIONS WARRANT. WOC. TIH WITH 4-5/8" BIT AND DRILL OUT TO TOP OF G/SA ZONE. PRESS. TEST CSG. TO 500# FOR 30 MIN. CLEAN OUT TO TD. TIH WITH TBG. REMOVE BOP AND INSTALL WELLHEAD. TIH WITH PUMP AND RODS. RDPU, CLEAN LCOATION AND RESUME PROD. WELL.

(PRIOR - AHC - C.H. KYTE #1)

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

SIGNATURE

*R. L. Wheeler, Jr.*

TITLE SUPV. ADMIN. SERVC.

DATE 5/12/92

TYPE OR PRINT NAME

R. L. Wheeler, Jr.

TELEPHONE NO. 393-2144

(This space for State Use)

Signed by  
Paul Kautz  
Geologist

MAY 15 1992

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

|                                                                                                                                                                           |  |                                                                                                                                                                                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Operator<br>AMERADA HESS CORPORATION                                                                                                                                      |  | Well API No.<br>3002505574                                                                                                                                                                       |
| Address<br>DRAWER D, MONUMENT, NEW MEXICO 88265                                                                                                                           |  |                                                                                                                                                                                                  |
| Reason(s) for Filing (Check proper box)<br>New Well <input type="checkbox"/><br>Recompletion <input type="checkbox"/><br>Change in Operator <input type="checkbox"/>      |  | <input checked="" type="checkbox"/> Other (Please explain) NEW WATERFLOOD UNIT EFFECTIVE 1/1/92. ORDER NO. R-9494<br>ALSO, CHANGE NAME FR. C.H. KYTE #1 TO NORTH MONUMENT G/SA UNIT BLK. 1, #14. |
| Change in Transporter of:<br>Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/><br>Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |  |                                                                                                                                                                                                  |
| Change of operator give name and address of previous operator                                                                                                             |  |                                                                                                                                                                                                  |

I. DESCRIPTION OF WELL AND LEASE

|                                                                                                                                                 |        |                |                                                        |                                        |           |
|-------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------|--------------------------------------------------------|----------------------------------------|-----------|
| Lease Name<br>NORTH MONUMENT G/SA UNIT                                                                                                          | BLK. 1 | Well No.<br>14 | Pool Name, including Formation<br>EUNICE MONUMENT G/SA | Kind of Lease<br>State, Federal or Fee | Lease No. |
| Location<br>Unit Letter N : 330 Feet From The SOUTH Line and 2310 Feet From The WEST Line<br>Section 7 Township 19S Range 37E, NMPM, LEA County |        |                |                                                        |                                        |           |

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|                                                                                                                                                      |                                                                                                              |                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/><br>SHELL PIPELINE CORPORATION       | Address (Give address to which approved copy of this form is to be sent)<br>P.O. BOX 2648, HOUSTON, TX 77252 |                  |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/><br>WARREN PETROLEUM COMPANY | Address (Give address to which approved copy of this form is to be sent)<br>P.O. BOX 1589, TULSA, OK 74102   |                  |
| If well produces oil or liquids, give location of tanks.<br>Unit N Sec. 7 Twp. 19S Rge. 37E                                                          | Is gas actually connected?<br>YES                                                                            | When?<br>UNKNOWN |

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

|                                     |                             |          |                 |          |        |                   |            |            |
|-------------------------------------|-----------------------------|----------|-----------------|----------|--------|-------------------|------------|------------|
| Designate Type of Completion - (X)  | Oil Well                    | Gas Well | New Well        | Workover | Deepen | Plug Back         | Same Res'v | Diff Res'v |
| Date Spudded                        | Date Compl. Ready to Prod.  |          | Total Depth     |          |        | P.B.T.D.          |            |            |
| Elevations (DF, RKB, RT, GR, etc.)  | Name of Producing Formation |          | Top Oil/Gas Pay |          |        | Tubing Depth      |            |            |
| Perforations                        |                             |          |                 |          |        | Depth Casing Shoe |            |            |
| TUBING, CASING AND CEMENTING RECORD |                             |          |                 |          |        |                   |            |            |
| HOLE SIZE                           | CASING & TUBING SIZE        |          | DEPTH SET       |          |        | SACKS CEMENT      |            |            |
|                                     |                             |          |                 |          |        |                   |            |            |
|                                     |                             |          |                 |          |        |                   |            |            |
|                                     |                             |          |                 |          |        |                   |            |            |

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

|                                |                 |                                               |            |
|--------------------------------|-----------------|-----------------------------------------------|------------|
| Date First New Oil Run To Tank | Date of Test    | Producing Method (Flow, pump, gas lift, etc.) |            |
| Length of Test                 | Tubing Pressure | Casing Pressure                               | Choke Size |
| Actual Prod. During Test       | Oil - Bbls.     | Water - Bbls.                                 | Gas - MCF  |

GAS WELL

|                                  |                           |                           |                       |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test - MCF/D        | Length of Test            | Bbls. Condensate/MMCF     | Gravity of Condensate |
| Testing Method (pilot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size            |

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature  
ROBERT L. WILLIAMS, JR. UNIT SUPERINTENDENT  
Printed Name  
1/1/92  
Date  
505-393-2144  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved 40 1991  
By  
Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.