

DISTRICT I

1625 N. French Dr., Hobbs, NM 88240

DISTRICT II

811 S. First, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.
Santa Fe, NM 87504

WELL API NO.	30-025-05641
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 Blk. 5
8. Well No.	3
9. Pool Name or Wildcat	Eunice Monument G/SA
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	

SUNDY 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.)

1. Type of Well	OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator	Amerada Hess Corporation
3. Address of Operator	P.O. Box 840, Seminole, TX 79360
4. Well Location	Unit Letter <u>C</u> : <u>660</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>West</u> Line Section <u>19</u> Township <u>19S</u> Range <u>37E</u> NMPM <u>Lea</u> COUNTY

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: Convert to Injection Well. ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPERATIONS ☐ 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.

Ref.: Division Order No. R-9596-A

Plan to MIRU pulling unit & TOH w/rods & pump. Remove wellhead, install BOP & TOH w/tbg. TIH w/3-7/8" bit to 3900' & TOH. TIH 4-1/2" RBP & set at 3700'. Press. test csg. to 700 PSI. TOH w/RBP. Acidize perms. fr. 3864' - 3766' w/2000 gal. 15% HCL acid. TIH w/pkr. begin injection operations. Change well status fr. prod. to injection.

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

SIGNATURE Roy L. Wheeler, Jr. TITLE Bus. Svc. Spec. II DATE 02/26/2001
TYPE OR PRINT NAME Roy L. Wheeler, Jr. TELEPHONE NO. 915-758-6778

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE 02/26/2001
CONDITIONS OF APPROVAL, IF ANY: _____

ORIGINAL SIGNED BY
GARY J. JENSEN
FIELD REP. II

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C

