

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs NM 88241-1980

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.	30-025-05647
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
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.)	
1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> INJECTION WELL	7. Lease Name or Unit Agreement Name NORTH MONUMENT G/SA UNIT BLK. 5
2. Name of Operator Amerada Hess Corporation	8. Well No. 1
3. Address of Operator P.O. DRAWER D, MONUMENT, NM 88265	9. Pool name or Wildcat EUNICE MONUMENT G/SA
4. Well Location Unit Letter <u>A</u> : <u>660</u> Feet From The <u>NORTH</u> Line and <u>660</u> Feet From The <u>EAST</u> Line Section <u>19</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	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
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 type="checkbox"/>
	OTHER: <u>INITIAL WATER INJECTION 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.

NMGSAU #501 - 02/18/97

BEGAN INJECTING WATER AT A RATE OF 756 BWRD. CHOKES SET AT 64/64 AND TUBING PRESSURE 616 PSI.
ORDER NO. R-9596.

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

SIGNATURE Terry L. Harvey TITLE SR. STAFF ASSISTANT DATE 02/19/97

TYPE OR PRINT NAME TERRY L. HARVEY TELEPHONE NO. 505-393-2144

(This space for State Use)
ORIGINAL SIGNED BY TERRY SEXTON
DISTRICT SUPERVISOR

FEB 27 1997

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: