Submit 3 Copies to Appropriate

CONDITIONS OF APPROVAL, IF ANY:

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

District Office	Revised 1-1-89
DISTRICT I P.O. Box 1980, Hobbs NM 88241-1980 OIL CONSERVA P.O. E	well api no.
DISTRICT II P.O. Drawer DD, Artesia, NM 88210  Santa Fe, New M	2008 exico 87504-2088 30-025-05647
DISTRICT III 1000 Rio Brazos Rd., Azlec, NM 87410	5. Indicate Type of Lease  STATE FEE X  6. State Oil & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DE DIFFERENT RESERVOIR. USE "APPLICATION FOR	PEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name
(FORM C-101) FOR SUCH PROPOSALS  1. Type of Well:	NORTH MONUMENT G/SA UNIT
OIL GAS WELL OTHER	BLK. 5
2. Name of Operator	8. Well No.
Amerada Hess Corporation	1
3. Address of Operator P.O. DRAWER D, MONUMENT, NM 88265 4. Well Location	9. Pool name or Wildcat EUNICE MONUMENT G/SA
	TH Line and 660 Feet From The EAST Line
Section 19 Township 19S	Range 37E NMPM LEA County
10. Elevation (Show	county Chether DF, RKB, RT, GR, etc.)
11. Check Appropriate Box to Indi	ate Nature of Notice, Report, or Other Data
NOTICE OF INTENTION TO:	
TO THE OF HETEN HOW TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON	REMEDIAL WORK ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS	
PULL OR ALTER CASING	☐ COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐ CASING TEST AND CEMENT JOB ☐
OTHER: CONVERT TO INJECTION WELL.	OTHER:
<ol> <li>Describe Proposed or Completed Operations (Clearly state all pertinowork) SEE RULE 1103.</li> </ol>	t details, and give pertinent dates, including estimated date of starting any proposed
RBP. TOH W/TBG. TIH W/RBP & SET @ +7-500'.  RBP. TOH W/RBP. TIH W/BIT. D.C.'S & TBG. C  RU SCHLUMBERGER & LOG THE O.H. W/SONIC/CNL/GR  TBG. TO TD. RU ACID BO. ACIDIZE WELL W/4,00  SOLVENT. TOH W/SONIC HAMMER. TIH W/TBG. & P	R. SET PKR. @ +/-3,750'. SWAB/FLOW BACK LOAD. ANDRES COMMUNICATION. TOH W/TBG. & PKR. LAYING . TBG. W/INJ. PKR. ND ROP. NIL INJ. ND
I hereby certify that the information above is true and complete to the best of my known signature	THE SR STAFF ASSISTANT 00 01 05
TYPE OR PRINT NAME TERRY L. HARVEY	TELEPHONE NO. 505-393-2144
(This space for State Use)  ORIGINAL SIGNED BY JERRY SEXTON  DISTRICT   SUPERMISOR	
ATTROVED BY	TITLE
CONDITIONS OF APPROVAL IF ANY	