Submit 3 Copies to Appropriate

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY

State of New Mexico

Form C-103

Energy, Minerals and Natural Resources Department Revised 1-1-89 District Office OIL CONSERVATION DIVISION DISTRICT I WELL API NO. P.O. Box 1980, Hobbs NM 88241-1980 P.O. Box 2088 30-025-05672 DISTRICT II Santa Fe. New Mexico 87504-2088 5. Indicate Type of Lease P.O. Drawer DD, Artesia, NM 88210 STATE X FEE 🗌 DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 6. State Oil & Gas Lease No. B-246-1 SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) NORTH MONUMENT G/SA UNIT Type of Well: BLK. 7 WELL X WELL [OTHER 2. Name of Operator 8. Well No. Amerada Hess Corporation 13 3. Address of Operator 9. Pool name or Wildcat P.O. Box 840, Seminole, Texas 79360 EUNICE MONUMENT G/SA 4. Well Location 660 SOUTH 660 Unit Letter Feet From The WEST Line and Feet From The 21 Township Section LEA Range **NMPM** County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS PLUG AND ABANDONMENT PULL OR ALTER CASING CASING TEST AND CEMENT JOB X CONVERT TO INJECTION WELL. OTHER: 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. NMGSAU #713 Order No. R-9596 Plan to: MIRU PU, TOH W/RODS (LAYING DWN), NU BOPS, & TOH W/TBG. TIH W/TBG. & 5-1/2" RBP. SET BELOW 3,500'. CIRC. WELL & TST. CSG. NO OLD WELLHEAD. INSTALL NEW INTEGRAL WELLHEAD. TIH W/TBG.. COLLARS. & BIT. TAG TD @ 3,985'. TOH W/TBG. MIRU SCHLUMBERGER. RUN GR/CNL/BHC LOG FR. TD TO MIN. FOOTAGE. EVALUATE LOGS TO DETERMINE ZONATIONS. DEEPEN &/OR PERF. AS INDICATED BY LOGS. SWAB TO DETERMINE SAN ANDRES INFLOW. TIH W/TBG. & SONIC HAMMER. TREAT OH W/6,500 GALS. ACID. FLOW/SWAB BACK LOAD. MONITOR FL FOR SAN ANDRES INFLOW. TOH W/TBG. (LAYING DWN). TIH W/INJ. PKR. & TBG. NU WELLHEAD. MAKE WELL READY FOR INJ. RUN SHRP. I hereby certify that the information above is true and complete to the best of my knowledge and belief. TITLE SR. STAFF ASSISTANT 06-04-97 TYPE OR PRINT NAME TERRY TELEPHONE NO. 505-393-2144 (This space for State ORIGINAL SIGNED BY OFFICE WILL INAS DISTRICT I SUPERVISOR

TITLE