

NEW MEXICO OIL CONSERVATION COMMISSION

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U.S.G.S.		
LAND OFFICE		
OPERATOR		

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. B-4096

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL, REDEVELOP OR PLUG BACK TO A DIFFERENT RESERVOIR.
USE "APPLICATION FOR PERMIT TO DRILL" (FORM C-101) FOR SUCH PROPOSALS.)

1. Well Type Oil <input checked="" type="checkbox"/> GAS <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Amerada Hess Corporation	8. Farm or Lease Name State "K"
3. Address of Operator Drawer "D", Monument, New Mexico 88265	9. Well No. 1
4. Location of Well LINE AND 1980 FEET FROM THE North LINE AND 1980 FEET FROM West TOWNSHIP 19-S RANGE 37-E NMPM.	10. Field and Pool, or Willam Eunice-Monument (G-SA)
15. Elevation (Show whether DF, RT, GR, etc.)	12. County Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input type="checkbox"/>

17. 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: Pull production equipment, selectively perforate OH 3815' - 3880'. Tag for fill and clean out if necessary. Run treating packer to \pm 3750' and acidize OH section w/7000 gals. 15% NE acid using boric acid flakes & rock salt as diverter. Swab test and return to production.

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

SIGNED M. O. Black TITLE Supver., Admin. Services DATE 9-18-75
APPROVED BY [Signature] TITLE [Signature] DATE SEP 22 1975
CONDITIONS OF APPROVAL, IF ANY: