

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
2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO. 30-025-05724

5. Indicate Type of Lease
STATE FEE

6. State Oil & Gas Lease No.
B-1384-2

7. Lease Name or Unit Agreement Name
North Monument G/SA Unit
Blk. 11

8. Well No.
13

9. Pool name or Wildcat
Eunice Monument G/SA

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 GAS WELL OTHER Injection Well.

2. Name of Operator
Amerada Hess Corporation

3. Address of Operator
P. O. Box 840, Seminole, Texas 79360-0840

4. Well Location
Unit Letter M : 660 Feet From The South Line and 660 Feet From The West Line
Section 29 Township 19S Range 37E 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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" 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"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: _____ <input type="checkbox"/>		OTHER: <u>Pressure Test.</u> <input 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.

8-31-99

Press. tested csg. to 340 PSI for 15 min. Held OK. Continued injecting water.

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 9-7-99

TYPE OR PRINT NAME R. L. Wheeler, Jr. TELEPHONE NO. 915 758-6700

(This space for State Use)
ORIGINAL SIGNED BY
GARY WINK
FIELD REP. II

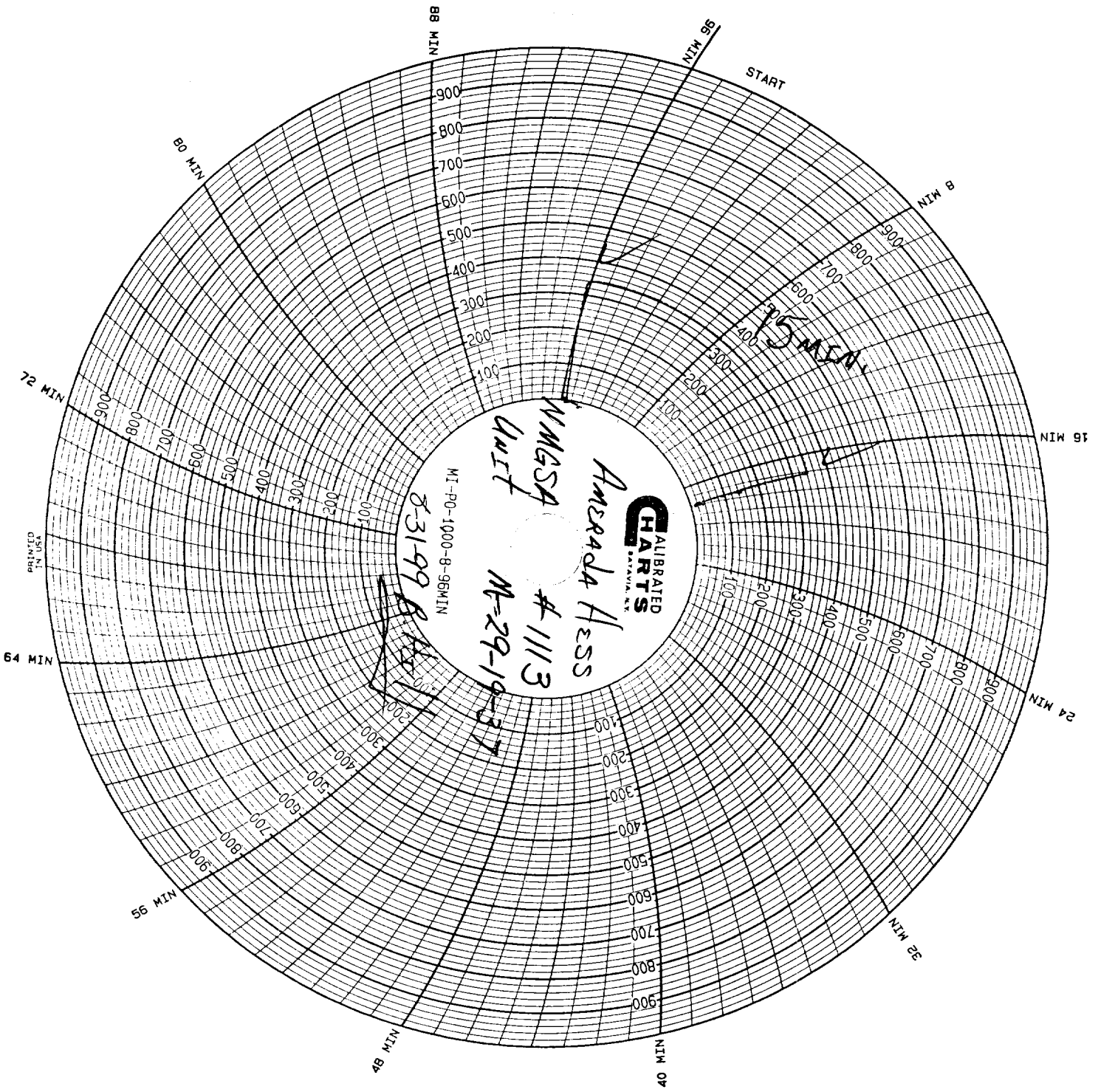
APPROVED BY _____ TITLE _____ DATE SEP 21 1999

CONDITIONS OF APPROVAL, IF ANY:

JCS







**CALIBRATED
CHARTS**
SERIAL NO. 1113

ANSRADA HESS
W.M.A.S.A. Unit #1113
M=29-19-37

MI-P0-1000-8-96MIN
83199

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ON
DINM