

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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.	3002505733
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	B-6114
7. Lease Name or Unit Agreement Name	NORTH MONUMENT G/SA UNIT BLK. 11
8. Well No.	2
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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	2. Name of Operator AMERADA HESS CORPORATION
3. Address of Operator POST OFFICE DRAWER D, MONUMENT, NEW MEXICO 88265	4. Well Location Unit Letter <u>B</u> : <u>660</u> Feet From The <u>NORTH</u> Line and <u>1980</u> Feet From The <u>EAST</u> Line Section <u>29</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: <u>RUN LINER</u> <input checked="" type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <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.

NMGSAU #1102

Plan To

Move in and rig up pulling unit. Change out wellhead. Remove scab liner located at 2,270' to 2,570'. Locate and determine extent of casing leaks. Repair as needed. Run a 4-1/2" liner to 3,630' to surface. Run production equipment. Rig down pulling unit. Clean location and resume prod. well.

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

SIGNATURE _____ TITLE Sr. Staff Assistant DATE 02-01-94
TYPE OR PRINT NAME Terry L. Harvey TELEPHONE NO 393-2144

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

APPROVED BY _____ TITLE _____ DATE FEB 06 1994
CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

FEB 06 1994

OCF HOBBS
OFFICE