

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 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. 30-025-05739
5. Indicate Type of Lease STATE ☒ FEE ☐
6. State Oil & Gas Lease No. B 15533-122
7. Lease Name or Unit Agreement Name STATE "O"
8. Well No. 1
9. Pool name or Wildcat EUNICE-MONUMENT G/SA
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3646' DF

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 ☐	2. Name of Operator AMERADA HESS CORPORATION
3. Address of Operator DRAWER D, MONUMENT, NEW MEXICO 88265	4. Well Location Unit Letter B : 660 Feet From The NORTH Line and 1980 Feet From The EAST Line Section 30 Township 19S Range 37E NMMP LEA County
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☒ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
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.

PLAN TO SQUEEZE EUNICE-MONUMENT G/SA ZONE PERFS. FR. 3812'-3842' W/200 SKS. CLASS "C" NEAT CEMENT & WOC. DRILL & RUN BIT TO $\pm$ 4300'. SWAB EUNICE-MONUMENT G/SA 4-1/2" LINER PERFS. FR. 4216'-4251' & EVALUATE. RE-RUN PROD. EQUIPMENT & RETURN TO PRODUCTION.

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

SIGNATURE R. L. Wheeler, Jr. TITLE SUPV. ADM. SVC. DATE 4/22/91
TYPE OR PRINT NAME R. L. WHEELER, JR. TELEPHONE NO. 393-2144

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: