Submit 3 Copies to Appropriate District Office

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

District Office		-			
DISTRICT I P.O. Box 1980, Hobbs NM 88241-1980	OIL CONSERVATION		WELL API NO.		
P.O. Box 2088 <u>DISTRICT II</u> Santa Fe, New Mexico 87504-2088			30-025-05781		
P.O. Drawer DD, Artesia, NM 88210			5. Indicate Type of Le	ease STATE	FEE X
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Le		
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.)			7. Lease Name or Unit Agreement Name		
1. Type of Well: OIL GAS WELL X WELL	OTHER	North Monument G/SA Unit Blk. 16			
2. Name of Operator			8. Well No.		
Amerada Hess Corporation 3. Address of Operator			9. Pool name or Wildcat		
P. O. Box 840, Seminole, Texas 79360-0840			Eunice Monument Grayburg San Andres		
4. Well Location Unit Letter F: 1980	Feet From The North	Line and19	80 Feet From Th		Line
Section 32	Township 19S R	tange 37E	NMPM	Lea	Cometer
		her DF, RKB, RT, GR, etc	c.)		County
11. Check App	////A	NI-4CNI-41	D + 00		
Check Appropriate box to indicate Nature of Notice, Report, of Other Data					
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:					:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	☐ ALT	TERING CASING	
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING			OPNS. 🔲 PLU	JG AND ABANDON	IMENT
PULL OR ALTER CASING		CASING TEST AND CE	MENT JOB		
OTHER: <u>Convert to Injection</u>	Well. X	OTHER:			Γ
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. Permit No. WFX716 Plan to MIRU pulling unit & TOH w/rods. Remove wellhead, install BOP & TOH w/tbg. TIH w/bit & tag PBD at 3925' & attempt to rotate on CIBP. TIH w/RBP set below 3500' & load & test 6-5/8" csg. Install new injection wellhead. Re-install BOP. TIH w/retrieving head, latch onto RBP & TOH. TIH w/GR/CNL. Perforate csg. fr. 3770' - 3784'. Acidize perfs. w/4415 gal. 15% NEFE HCL acid. TIH w/injection eqpt. & begin injection operations.					
I hereby certify that the information above is true and complete to the best of my knowledge and belief.					
SIGNATURE W HUMLIN	<u> </u>	LE Admin. Svc. Coo	rd	DATE	- 97
TYPE OR PRINT NAME R. L. Wheeler.	Jr.		TELEI	PHONE NO. 915 75	58-6778
(This space for State Use) APPROVED BY) rri "	L& GAS INSI		DATE 8 - 9	4-97
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