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U.S.G.S.		
LAND OFFICE		
OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease

State ☐ Fee ☒

5. State Oil & Gas Lease No.

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.
OIL WELL ☒   GAS WELL ☐   OTHER-

7. Unit Agreement Name

2. Name of Operator

Amerada Hess Corporation

8. Farm or Lease Name

D.F. Larsen

3. Address of Operator

Drawer "D", Monument, New Mexico 88265

9. Well No.

4

4. Location of Well

UNIT LETTER G , 1980 FEET FROM THE North LINE AND 1980 FEET FROM

THE East LINE, SECTION 32 TOWNSHIP 19-S RANGE 37-E NMPM.

10. Field and Pool, or Wildcat

Eunice-Monument (G-SA)

15. Elevation (Show whether DF, RT, GR, etc.)

12. County

Lea

16.

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

OTHER_____ ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐
OTHER_____

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

☐

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.

Pulled rods, pump and tubing. Perforated OH with one shot at the following intervals: 3799', 3800', 3801', 3810', 3811', 3812', 3816', 3824', 3825', 3826', 3830', 3840', 3842', 3844', 3826'. Total 15 holes. Ran tubing and packer. Acidized OH 3795' to 3902' with 5000 gals. 15% NE acid w/500lbs. Benzoic acid flakes, and 500 lbs. rock salt. Reran production equipment and resum ed production. No change in status.

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

SIGNED _____   TITLE Supver., Admin. Services   DATE 1-28-74

APPROVED BY _____   TITLE _____   DATE _____

CONDITIONS OF APPROVAL, IF ANY: