

NEW MEXICO OIL CONSERVATION COMMISSION

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LAND OFFICE		
OPERATOR		

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Amerada Hess Corporation	8. Farm or Lease Name May L. Love Comm.
3. Address of Operator Drawer "D", Monument, New Mexico 88265	9. Well No. 1
4. Location of Well UNIT LETTER <u>J</u> 1980 FEET FROM THE <u>South</u> LINE AND 1980 FEET FROM THE <u>East</u> LINE, SECTION <u>32</u> TOWNSHIP <u>19S</u> RANGE <u>37E</u> NMPM.	10. Field and Pool, or Wildcat Eunice-Monument (G-SA)
15. Elevation (Show whether DF, RT, GR, etc.) 3579'DF	12. County Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input type="checkbox"/>

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.

Plan to: Pull production equipment. Run bit and casing scraper. Locate hole in 6-5/8" casing. Squeeze w/cement. Clean out to T.D. Acidize with 2000 gals. 15% NE acid. Rerun production equipment and resume production.

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

SIGNED [Signature] TITLE Supvr., Admin. Services DATE 9-27-74

APPROVED BY Joe D. Ramsey TITLE Dist. I, Supv. DATE
CONDITIONS OF APPROVAL, IF ANY: