Submit 3 Copies to Appropriate

CONDITIONS OF APPROVAL, IF ANY:

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

\_DATE\_

| District Office  | and I taken in   | resources Department                 | Revised 1-1-                                   | .89         |
|--|--|--------------------------------------|--|-------------|
| DISTRICT I   | OIL CONSERVATION   | ON DIVISION                          | [way   |             |
| P.O. Box 1980, Hobbs NM 88241-1980  P.O. Box 2088  DISTRICT II  South Fe New Marine 27504 2088                   |  | WELL API NO.<br>30-025-05789         |  |             |
| P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088  |  | 5. Indicate Type of Lease            |  |             |
| DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410  |  |                                      | 6. State Oil & Gas Lease No.                   | EE X        |
|  |  |                                      | o. State Off & 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"  |  | 7. Lease Name or Unit Agreement Name |  |             |
| (FORM C-101) FOR SUCH PROPOSALS.)  1. Type of Well:  |  | NORTH MONUMENT G/SA UNIT             |  |             |
| OIL GAS WELL WELL  |  |                                      | BLK. 16  |             |
| 2. Name of Operator  |  |                                      | 8. Well No.                                    |             |
| Amerada Hess Corporati   | on   |                                      | 15   |             |
| 3. Address of Operator   | IT AIM OOOCE   |                                      | 9. Pool name or Wildcat                        |             |
| P.O. DRAWER D, MONUMEN 4. Well Location  | 11, NM 88205   |                                      | EUNICE MONUMENT G/SA                           |             |
| Unit Letter 0 : 660  | Feet From The SOUTH                                      | Line and 198                         | Feet From The EAST                             | Line        |
| Section 32   | m 10¢  | 275                                  |  |             |
| Section 32   | Township 19S R   | ange 37E<br>er DF, RKB, RT, GR, etc. | NMPM LE <b>A</b>                               | County      |
|  |  | · ·                                  | `  |             |
| 11. Check Ap   | propriate Box to Indicate                                | Nature of Notice,                    | Report, or Other Data                          |             |
| NOTICE OF IN   | ITENTION TO:   |                                      | SEQUENT REPORT OF:                             |             |
| PERFORM REMEDIAL WORK  | PLUG AND ABANDON   |                                      | F1   | г           |
| TEMPORARILY ABANDON  |  | REMEDIAL WORK                        | ☐ ALTERING CASING                              | L           |
|  | CHANGE PLANS   | COMMENCE DRILLING                    | OPNS. L PLUG AND ABANDONMI                     | ENT [       |
| PULL OR ALTER CASING   |  | CASING TEST AND CEN                  | MENT JOB                                       |             |
| OTHER: <u>CONVERT TO INJECTIO</u>  | N WELL. X  | OTHER:                               |  | Γ           |
| 12. Describe Proposed or Completed Oper  | rations (Clauriu atoto all months and de-                |                                      |  |             |
| work) SEE RULE 1103.   | actions (Clearly state an pertinent det                  | ans, and give pertinent date         | es, including estimated date of starting any p | roposed     |
| NMGSAU #1615   |  |                                      |  |             |
| mastic H1013   |  |                                      |  |             |
| MIRU PULLING UNIT & REV  | ERSE UNIT. ND WELLHEAD.                                  | TOH & LAY DWN RODS                   | & PUMP. ND WELLHEAD. BU                        |             |
| DUP. IUH W/IBG. IIH W/   | /RBP & SET @ +/-500', INST                               | [A]   NFW WELLHEAD F                 | OUIDMENT TILLUTED .                            |             |
| WEINTERE KOF. TOH W/KD   | . ITH M/BII. D.C. 2 % IB(                                | 3. CIFAN OUT TO TO                   | 9 3 80V, TUT PILL DI                           |             |
| SCHEOUDERGER & FOR THE (   | JPENHULE W/SONIC/CNL/GR TOC                              | ) S                                  | CUM DEDE                                       |             |
| SCHILLMREDGED TILL MAKE  | 180 DEG. PHASED HEG CHARGES                              | 5 (59 FEET, 119 TOT,                 | AL HOLES). RD                                  |             |
| 15% NEFF DI HOL W/39 DD.   | SONIC HAMMER ON TBG. TO TD.                              | RU ACID CO. ACII                     | DIZE WELL W/5,000 GALS.                        |             |
| PKR. AT +/-3 650' SWAF   | 77MX MICELLAR SOLVENT. TO                                | OH W/SONIC HAMMER.                   | TIH W/TBG. & PKR. SET                          |             |
| & TIH W/2-3/8" LINED IN.   | B/FLOW BACK LOAD. TOH W/TE<br>J. TBG. W/INJ. PKR. ND BOP | G. & PKR., LAYING [                  | DWN. PRODUCTION TBG. P.U.                      |             |
| CLEAN LOCATION. OBTAIN   | SHUT-IN BOTTOMHOLE PRESS.                                | BEFORE INJECTION OF                  | PERATIONS                                      |             |
|  |  |                                      | 20012003                                       |             |
| I hereby certify that the information above is tru   | e and complete to the best of my knowledge               | and belief.                          |  | <del></del> |
| SIGNATURE VILLEY   | Mariey TITL  | E SR. STAFF ASSISTA                  | NT DATE 2.21                                   | 96          |
| TYPE OR PRINT NAME TERRY L. HARVE  | Y  |                                      |  |             |
| (This space for State Usp)   |  |                                      | TELEPHONE NO. 505-393-                         | 2144        |
|  | TO BY JERRY SEXTON                                       |                                      |  |             |
| APPROVED BY  | i supervisor   | 9                                    | FEB 26   | 1996        |

TITLE \_