

DISTRICT I

1625 N. French Dr., Hobbs, NM 88240

DISTRICT II

811 S. First, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.
Santa Fe, NM 87504

WELL API NO. 30-025-05870
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil / Gas Lease No.
7. Lease Name or Unit Agreement Name North Monument G/SA Unit Blk. 23
8. Well No. 2
9. Pool Name or Wildcat Eunice Monument G/SA
10. Elevation (Show whether DF, RKB, RT, GR, etc.)

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	
2. Name of Operator Amerada Hess Corporation	
3. Address of Operator P.O. Box 840, Seminole, TX 79360	
4. Well Location Unit Letter <u>B</u> : <u>330</u> Feet From The <u>North</u> Line and <u>1648</u> Feet From The <u>East</u> Line Section <u>3</u> Township <u>20S</u> Range <u>37E</u> NMPM <u>Lea</u> 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 OPERATIONS ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☒ Tested Csg. & TA'd Well.

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.

6-27-2001

Press. tested csg. to 590 PSI for 30 min. Held OK. Chart attached. Cleaned location & TA'd well.

Amerada Hes Corporation respectfully request a TA 'd status on well for future NMGSAU operations.

This Approval of Temporary
Abandonment Expires 7/26/06

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

SIGNATURE Roy L. Wheeler, Jr. TITLE Bus. Svc. Spec. II DATE 06/28/2001

TYPE OR PRINT NAME Roy L. Wheeler, Jr. TELEPHONE NO. 915-758-6778

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: