## State of New Mexico finerals and Natural Resources Departmen Energ

Form C-103 Revised March 25, 1999

D.STRICT I

**DISTRICT II** 

1625 N. French Dr., Hobbs, NM 88240

OIL CONSERVATION DIVISION

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

WELL API NO. 30-025-05890

DISTRICT III	STATE FEE	
1000 Rio Brazos Rd., Aztec, NM 87410	6. 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.)	7. Lease Name or Unit Agreement Name North Monument G/SA Unit Blk. 22	
1. Type of Well OIL GAS WELL OTHER TA'd Well		
2. Name of Operator  Amerada Hess Corporation	8. Well No.	
3. Address of Operator P.O. Box 840, Seminole, TX 79360	9. Pool Name or Wildcat Eunice Monument G/SA	
4. Well Location  Unit Letter N : 660 Feet From The South Line and 1980	Feet From The <u>West</u> Line	
Section 4 Township 020S Range 037E N	MPM Lea COUNTY	
10. Elevation (Show whether DF, RKB, RT,GR, etc.)		
Check Appropriate Box to Indicate Nature of Notice, Re	eport, or Other Data	

NOTICE OF INTENTION TO

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK		PLUG AND ABANDON		REMEDIAL WORK ALTERING CASING	
TEMPORARILY ABANDON		CHANGE PLANS		COMMENCE DRILLING OPERATIONS PLUG AND ABANDONMENT	Ħ.
PULL OR ALTER CASING				CASING TEST AND CEMENT JOB	
OTHER:				OTHER: Casing Integrity Test.	<b>✓</b>
12. Describe Proposed or	Complete	d Omerskiens (Oles de la con-			

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.

1/31/2001

Attempted to press. test csg. w/no success. Chart attached.

"Notice of Intent" to follow with procedure to repair well.

I hereby certify that the informed **SIGNATURE** TITLE Bus. Svc. Spec. II 02/05/2001 DATE 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:





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