

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Boscon Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.
30-025-05892

5. Indicate Type of Lease
STATE ☐ FEE ☒

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.)

1. Type of Well:
OIL WELL ☒ GAS WELL ☐ OTHER

2. Name of Operator
Amerada Hess Corporation

3. Address of Operator
Drawer D, Monument, New Mexico 88265

4. Well Location
Unit Letter J : 1980 Feet From The South Line and 1980 Feet From The East Line
Section 4 Township 20S Range 37E NMPM Lea County

7. Lease Name or Unit Agreement Name

M. E. Laughlin

8. Well No.
5

9. Pool name or Wildcat
Eunice Monument G/SA

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

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: Cement Squeeze Csg. Leak. ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

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.

Plan to MIRU pulling unit & TOH w/rods & pump. Remove well head, install BOP & TOH w/tbg. TIH w/RBP & pkr. & locate csg. leak. Est. inj. rate & TOH w/pkr. TIH w/cement retainer & set as determined above. Squeeze csg. leak w/cement as determined by findings. WOC. TIH w/4-5/8" bit & drill out cement. Press. test csg. to 500# for 30 min. TOH w/bit. TIH w/tbg., remove BOP & install well head. TIH w/pump & rods. RDPU & clean location. Resume prod. well as North Monument Grayburg San Andres Unit Blk. 22 Well No. 10.

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

SIGNATURE R. L. Wheeler, Jr. TITLE Supv. Adm. Svc. DATE 3-4-92

TYPE OR PRINT NAME R. L. Wheeler, Jr. TELEPHONE NO. 505 393-2144

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE MAR 09 '92

CONDITIONS OF APPROVAL, IF ANY: