State of New Mexico Ener Minerals and Natural Resources Departmen

Form C-103

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to Appr	орпате
District	Office

Revised March 25, 1999 DISTRICT I OIL CONSERVATION DIVISION WELL API NO. 1625 N. French Dr., Hobbs, NM 88240 30-025-05901 1220 South St. Francis Dr. **DISTRICT II** 5. Indicate Type of Lease Santa Fe, NM 87504 811 S. First, Artesia, NM 88210 FEE 🗸 DISTRICT III 6. State Oil / Gas Lease No. 1000 Rio Brazos Rd., Aztec, NM 87410 SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) E. S. Adkins OIL GAS 1. Type of Well WELL WELL OTHER TA'd Well. 8. Well No. 2. Name of Operator **Amerada Hess Corporation** 9. Pool Name or Wildcat 3. Address of Operator P.O. Box 840, Seminole, TX 79360 **Eunice Monument G/SA** 4. Well Location Feet From The West M 660 Feet From The South Line and 660 __ Township <u>02</u>0S Range 037E NMPM LEA COUNTY 10. Elevation (Show whether DF, RKB, RT,GR, etc.) Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PLUG AND ABANDON REMEDIAL WORK ALTERING CASING PERFORM REMEDIAL WORK COMMENCE DRILLING OPERATIONS | PLUG AND ABANDONMENT **CHANGE PLANS TEMPORARILY ABANDON CASING TEST AND CEMENT JOB PULL OR ALTER CASING** ~ Casing Integrity Test. OTHER: 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. 2-6-2001 Press. tested csg. to 540 PSI for 30 min. Held OK. Chart attached. Amerada Hess Corporation respectfully request a continued TA'd status on well while evaluating for future work. This Approval of Tomand y 2/13/06
Abouted the Tomand of Tomand y 2/13/06 I hereby certify that the info 02/09/2001 DATE TITLE Bus. Svc. Spec. II **SIGNATURE** Roy L. Wheeler, Jr. TELEPHONE NO. 915-758-6778 TYPE OR PRINT NAME (This space for State Use) DATE APPROVED BY_ TITLE

CONDITIONS OF APPROVAL, IF ANY:

