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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

| | |
|--------------------------------|---|
| 5a. Indicate Type of Lease | |
| State <input type="checkbox"/> | Fee <input checked="" type="checkbox"/> |
| 5. State Oil & Gas Lease No. | |

| | |
|--|---|
| SUNDRY NOTICES AND REPORTS ON WELLS <small>(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.)</small> | |
| 1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> | 7. Unit Agreement Name |
| 2. Name of Operator Amerada Hess Corporation | 8. Farm or Lease Name E.S. Adkins |
| 3. Address of Operator Drawer "D", Monument, New Mexico 88265 | 9. Well No. 1 3 |
| 4. Location of Well UNIT LETTER M 330 FEET FROM THE South LINE AND 330 FEET FROM THE West LINE, SECTION 5 TOWNSHIP 20-S RANGE 37-E NMPM. | 10. Field and Pool, or Wildcat Monument - Paddock |
| 15. Elevation (Show whether DF, RT, GR, etc.) | 12. County Lea |

| | |
|---|---|
| 16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data | |
| NOTICE OF INTENTION TO: | SUBSEQUENT REPORT OF: |
| PERFORM REMEDIAL WORK <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER <input type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER <input type="checkbox"/> |
| PLUG AND ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/> Cancel Form C-103 <input checked="" type="checkbox"/> |

17. 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.

Please void Form C-103 dated 7-18-74. Remedial work will not be done at this time.

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

| | | |
|---------------------------------------|---------------------------------------|---------------------|
| SIGNED <u><i>[Signature]</i></u> | TITLE <u>Supver., Admin. Services</u> | DATE <u>2-17-75</u> |
| APPROVED BY <u><i>[Signature]</i></u> | TITLE <u></u> | DATE <u>2-18-75</u> |
| CONDITIONS OF APPROVAL, IF ANY: | | |

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FEB 11 1975

GIL CONSERVATION COMM.
HOBBS, N. M.