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FILE		
U.S.G.S.		
LAND OFFICE		
OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION

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

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>		5a. Indicate Type of Lease State <input type="checkbox"/> Fee <input checked="" type="checkbox"/>
		5. State Oil & Gas Lease No.
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 L. M. Lambert
3. Address of Operator Drawer "D" - Monument, New Mexico 88265		9. Well No. 8
4. Location of Well UNIT LETTER <u>B</u> <u>1980</u> FEET FROM THE <u>East</u> LINE AND <u>990</u> FEET FROM THE <u>North</u> LINE, SECTION <u>6</u> TOWNSHIP <u>20-S</u> RANGE <u>37-E</u> NMPM.		10. Field and Pool, or Wildcat Monument Blinebry
15. Elevation (Show whether DF, RT, GR, etc.) 3574' DF		12. County Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:
 REMEDIAL WORK ☐
 COMMENCE DRILLING OPNS. ☐
 CASING TEST AND CEMENT JOBS ☐
 OTHER T, A. ☒

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.

Dual completion: Paddock and Blinebry Zones

Blinebry Zone - pulled production equipment, set plug in Model "D" packer at 5550' tested w/3500#, O.K.
Blinebry Zone abandoned

Paddock Zone producing

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

SIGNED [Signature] TITLE Supvr. Admin. Services DATE 10-11-74

APPROVED BY Joe D. Ramey TITLE Dist. I, Supv. DATE OCT 24 1974

CONDITIONS OF APPROVAL, IF ANY: