

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs NM 88241-1980

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

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

OIL CONSERVATION DIVISION

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

WELL API NO.	30-025-05973
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.	N/A
7. Lease Name or Unit Agreement Name	BERTHA J. BARBER
8. Well No.	1
9. Pool name or Wildcat	EUNICE MONUMENT G/SA

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	
2. Name of Operator Amerada Hess Corporation	
3. Address of Operator P. O. Box 840, Seminole, Texas 79360-0840	
4. Well Location Unit Letter <u>H</u> : <u>2310</u> Feet From The <u>NORTH</u> Line and <u>990</u> Feet From The <u>EAST</u> Line Section <u>7</u> Township <u>20 S</u> Range <u>37 E</u> NMPM LEA County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3560' GR.	

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: ☐

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.

RECOMPLETE TO THE GRAYBURG GAS ZONE. ACIDIZE THE NEW PERFORATIONS AS A COMPLETION TECHNIQUE.

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

SIGNATURE Mike Jumper TITLE ADM. SUPERVISOR DRLG. SVS. DATE 09-12-97

TYPE OR PRINT NAME MIKE JUMPER TELEPHONE NO. 915 758-6778

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

OCT 07 1997