Submit 3 Copies to Appropriate District Office

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

OIL CONSERVATION DIVISION P.O. Box 1980, Hobbs NM 88241-1980 WELL API NO. P.O. Box 2088 DISTRICT II 30-025-06002 Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210 5. Indicate Type of Lease DISTRICT III STATE FEE X 1000 Rio Brazos Rd., Aztec, NM 87410 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" 7. Lease Name or Unit Agreement Name (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: OIL WELL T. Anderson WELL X OTHER 2. Name of Operator 8. Well No. Amerada Hess Corporation 3. Address of Operator 9. Pool name or Wildcat P. O. Box 840, Seminole, Texas 79360-0840 Eumont Yates_7RQ 4. Well Location Unit Letter 660 South Feet From The 1980 Line and West Feet From The Line Section Township 37E Range NMPM Lea County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3540' DF Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: X PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING TEMPORARILY ABANDON **CHANGE PLANS** COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT PULL OR ALTER CASING CASING TEST AND CEMENT JOB OTHER: OTHER: _ 12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed Plan to MIRU pulling unit, remove wellhead & install BOP. TOH w/prod. eqpt. TIH w/drlg. bailer & clean out frac sand to PBD at 3438'. TIH w/pkr. set at 3200'. Frac. Eumont Zone perfs. fr. 3243' - 3423' w/16,000 gal. of 60/55 constant internal phase quality foam (approx. 8,200 gal. 40# My-T-Gel crosslinked guar gel & 33 tons CO2) & 60,000 lbs. 12/20 resin coated curable sand. Swab well. Clean out frac sand to PBD. Re-run prod. eqpt. & resume prod. well. I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE TITLE Admin. Svc. Coord. 1-31-97 TYPE OR PRINT NAME R. L. Wheeler TELEPHONE NO. 915 758-6778 (This space for State Use) APPROVED BY

TITLE