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NEW MEXICO OIL CONSERVATION COMMISSION

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

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| 5a. Indicate Type of Lease State <input type="checkbox"/> Fee <input checked="" type="checkbox"/> |
| 5. State Oil & Gas Lease No. |
| 7. Unit Agreement Name |
| 8. Farm or Lease Name V. Laughlin |
| 9. Well No. 1 |
| 10. Field and Pool, or Wildcat Eunice-Monument G-SA |
| 12. County Lea |

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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> |
| 2. Name of Operator Amerada Hess Corporation |
| 3. Address of Operator Drawer "D" - Monument, New Mexico 88265 |
| 4. Location of Well UNIT LETTER <u>D</u> <u>660</u> FEET FROM THE <u>North</u> LINE AND <u>660</u> FEET FROM THE <u>West</u> LINE, SECTION <u>9</u> TOWNSHIP <u>20-S</u> RANGE <u>37-E</u> NMPM. |
| 15. Elevation (Show whether DF, RT, GR, etc.) |

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 JOBS <input type="checkbox"/> OTHER <u>T. A.</u> <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.

Dual completion - G-SA Oil Zone and Eumont Gas Zone

Eumont Zone flowing

G-SA Zone - nonproductive following workover

Closed in and T. A. March, 1974

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. [Signature] TITLE DATE
CONDITIONS OF APPROVAL, IF ANY: