NO. OF COPIES RECEIVED	۳ ۲	~	
DISTRIBUTION	-	Form C-103	
SANTA FE			Supersedes Old
FILE	NEW MEXICO OIL CON	ISERVATION COMMISSION	C-102 and C-103 Effective 1-1-65
U.S.G.S.			
LAND OFFICE	4		5a. Indicate Type of Lease
OPERATOR	-		State Fee XX
	1		5. State Oil & Gas Lease No.
(DO NOT USE THIS FORM FOR PRO USE "APPLICAT	RY NOTICES AND REPORTS ON DPOSALS TO DRILL OR TO DEEPEN OR PLUG ION FOR PERMIT - " (FORM C-101) FOR SU	WELLS	
		CH PROPOSALS.)	
WELL XX WELL	GTHER-		7. Unit Agreement Name
2. Name of Operator			
Amerada Hess Corporation			8. Farm or Lease Name
3. Address of Operator			V. Laughlin
Drawer "D" - Monument New March and			9. Well No.
Drawer "D" - Monument, New Mexico 88265			2
UNIT LETTER C 660 FEET FROM THE NORTH LINE AND 1980 FEET FROM			10. Field and Pool, or Wildcat
· · · · · · · · · · · · · · · · · · ·	FEET FROM THE NOTE	ILINE AND FEET FRO	Monument G/SA
THE West AND STORE OF THE			
THE West LINE, SECTION 9 TOWNSHIP 20S RANGE 37E NMPM.			· ////////////////////////////////////
15. Elevation (Show whether DF, RT, GR, etc.)			
All (block whether DF, KT, GK, etc.)			12. County
16. Choole A			Lea
NOTICE OF IN	Appropriate Box To Indicate N	ature of Notice, Report or O	ther Data
NOTICE OF IN	TENTION TO:	SUBSEQUEN	IT REPORT OF:
PERFORM REMEDIAL WORK			
TEMPORARILY ABANDON	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
PULL OR ALTER CASING	_	COMMENCE DRILLING OPNS.	
CASING	CHANGE PLANS	CASING TEST AND CEMENT JOB	PLUG AND ABANDONMENT
OTHER		OTHER	
7. Describe Proposed or Completed One	rations (Clearly state all		g estimated date of starting any proposed
work) SEE RULE 1103.	detensions (clearly state all pertinent dete	ails, and give pertinent dates, includin	g estimated date of starting any proposed

Pulled production equipment. Acidized 6-5/8" Csg. Perfs. with 2500 gal. 15% NE Acid. Swabbed back load, re-ran production equipment and resumed production.

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

SIGNED	HoPerter		_ 1	
2		1		
		_		_

TITLE

8/31/76

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13/0

91

TITLE Admin.Serv.Supv.

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State to the state

DATE

DATE

Dain de Ling 1.

CONDITIONS OF APPROVAL, IF ANY:

APPROVED BY