A OF UPIES RECEIVED		
DISTRIBUTION		Form C-103 Supersedes Old
SANTA RE	NEW NEYICO OUL CONSERVITION OR MUSE	C-102 and C-103
FILE	NEW MEXICO OIL CONSERVATION COMMISSION	Effective 1-1-65
U.S.G.S.	-	
LAND OFFICE		5a. Indicate Type of Lease State XX Fee
OPERATOR		
		5. State Oil & Gas Lease No.
SLINE	PY NOTICES AND DEDODTS ON WELLS	B 1626
(DO NOT USE THIS FORM FOR POLIC.	DRY NOTICES AND REPORTS ON WELLS ROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. ATION FOR PERMIT ~" (FORM C-101) FOR SUCH PROPOSALS.)	
OIL X GAS WELL	OTHER-	7. Unit Agreement Name
2. Name of Operator		8. Farm or Lease Name
Amerada Hess Corpor	ation .	State "V"
3. Address of Operator		
Drawer "D", Monumen	nt, New Mexico 88265	9. Well No.
4. Ladation of Well		2
INT LETTER B	660	19. Field and Pool, or Wildcat
,,,,,,,	660 FEET FROM THE NORTH LINE AND 1980 FEET FROM	Gravburg/San Andres
LINE, SEC	TION 36 TOWNSHIP 19-S RANGE 36-E NMPM	
	15. Elevation (Show whether DF, RT, GR, etc.)	
		12. County
16. Charle	3616' DF	Lea Allilli
Check	Appropriate Box To Indicate Nature of Notice, Report or Ot	her Data
NOTICE OF	INTENTION TO: SUBSEQUEN	T REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS CASING TEST AND CEMENT JOB	
	OTHER	
OTHER		
17. Describe Proposed or Completed C	Departions (Clearly state all participant devide	

 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.

Pulled production equipment. Run strip shot from 3820' to 3870', and shoot one 25 gm. shot every other foot. Run treating packer and acidize with 2,000 gallons 15% MOD with 5 gallons protex all per 1,000 gallons. Perform Halliburton squeeze for Barium, Close in to let set, swab and return to production status.

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

SIGNED HOPArter	 TI

TITLE Admin, Services Supvr.

DATE 3/26/76

DATE

PPROVED BY \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: