Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103	
Revised 1-1-8	9

1.0. Dax 1780, 110001, 11M 88240	Box 1980, Hobbs, NM 88240 P.O. Box 2088 TRICT II Santa Fe New Mexico 87504 2088		WELL API NO.	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210			30-025-12467	
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410		5. Indicate Type of Lease STATE X FEE		
		6. State Oil & Gas Lease No.		
SUNDRY MOTIC	ES AND DEDODTS ON ME	1.0	B-1626	
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.)		7. Lease Name or Unit Agreement Name		
1. Type of Well: Oil. WELL GAS WELL X	OTHER		STATE "V"	
2. Name of Operator AMERADA HESS CORPORATION		8. Well No.		
3. Address of Operator		9. Pool name or Wildcat		
DRAWER D, MONUMENT, NEW MEXICO 88265 4. Well Location		EUMONT YATES 7RQ		
Unit Letter H : 2310	Feet From TheNORTH	Line and330_	Feet From The <u>EAST</u> Line	
Section 36 Township 19S Range 36E NMPM LFA County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3600' DF				
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data				
NOTICE OF INTE	NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK X ALTERING CASING			
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT		
PULL OR ALTER CASING CASING TEST AND CE				
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. STATE V #3 11-23 THRU 11-24-92				
DINCH LON DEL LINE MILLI	D. MCCASLAND SVC. LOA RAM WELL SVC. HALLIBU	RUFILE NIPPLE. DED BACKSIDE W/ RTON SVC PHMPE	D BOP. TOH W/TBG. TIH W/6-5/8 SET PKR. AT 3142'. REMOVED 2% KCL & PKR. FLUID & PRESS. D 4000 GAL. METHANOL & WELL.	
TEST OF 12-11-92: FLOWED 416 MCFPD IN 24 HRS.				
I hereby certify that the information above is the sound that the information above is the sound that the sound that the information above is the sound that the sound that the sound that the information above is the sound that the	le Je		SVC. DATE <u>2-9-93</u> TELEPHONE NO. (505) 393-2144	
(This space for State Use)			<u> </u>	
OMGINAL MENDERY			FEB 1 2 1993	
APPROVED BY SHOTTIONS OF APPROVAL, IF ANY:	<u> </u>	.E	DATE 100 100	