State of New Mexico Submit 3 Copies Form C-103 Energy, Minerals and Natural Resources Department to Appropriate Revised 1-1-89 District Office OIL CONSERVATION DIVISION DISTRICT I WELL API NO. P.O. Box 1980, Hobbs NM 88241-1980 P.O. Box 2088 30-025-12468 Santa Fe, New Mexico 87504-2088 5. Indicate Type of Lease P.O. Drawer DD, Artesia, NM 88210 state 🗓 FEE 🗌 DISTRICT III 6. State Oil & Gas Lease No. 1000 Rio Brazos Rd., Aztec, NM 87410 B-1626-1 SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: North Monument G/SA Unit Blk. 14 OIL WELL Injection Well 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 Eunice Monument G/SA 4. Well Location 1980 North 1980 Unit Letter Feet From The Line and Feet From The Line 36 Section Township Range 36E NMPM Lea 10. Elevation (Show whether DF, RKB, RT, GR, etc.) Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data **NOTICE OF INTENTION TO:** SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING CHANGE PLANS TEMPORARILY ABANDON COMMENCE DRILLING OPNS PLUG AND ABANDONMENT PULL OR ALTER CASING CASING TEST AND CEMENT JOB First Injection OTHER: 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. 2-27-97 Began first injection of water at rate of 1.259 B.W./D. on 1/64" choke. Tbg. press. 0 PSI.

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I hereby certify that the information above is true and complete to the best of my	knowledge and belief.	
SIGNATURE HE GIVE LINE TO SIGNATURE	TITLE Admin. Svc. Coord.	date2- 2 8-97
TYPE OR PRINT NAME R. L. Wheeler, Jr.		TELEPHONE NO. 915 758-6778
(This space for State State INA) SUBJECT BY 1238Y SENTON BESUME OF SUBJECT MEDICAL		
APPROVED BY	TITLE	DATE MAR 04 1997
CONDITIONS OF APPROVAL, IF ANY:		· ·

