

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs NM 88241-1980

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.	30-025-12468
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	B-1626-1
7. Lease Name or Unit Agreement Name	NORTH MONUMENT G/SA UNIT BLK. 14
8. Well No.	7
9. Pool name or Wildcat	EUNICE MONUMENT G/SA

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. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> INJECTION WELL <input type="checkbox"/>	
2. Name of Operator Amerada Hess Corporation	
3. Address of Operator P.O. DRAWER D, MONUMENT, NM 88265	
4. Well Location Unit Letter <u>G</u> : <u>1980</u> Feet From The <u>NORTH</u> Line and <u>1980</u> Feet From The <u>EAST</u> Line Section <u>36</u> Township <u>19S</u> Range <u>36E</u> NMMPM LEA County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	

11. 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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <u>CONVERT TO INJECTION WELL.</u> <input checked="" type="checkbox"/>	

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.

NMGSAU #1407 (01-28-97 THRU 02-03-97)

TYLER WELL SVC. & STAR TOOL MIRU. TOH W/PROD. EQUIP. TIH W/RBP, SN, & TBG. SET & GOT OFF RBP @ 3,756'. LOADED & DISPLACED CSG. W/BRINE WATER. PRESS. TST'D. CSG. TO 540# & CHARTED TST. FOR 30 MINS. RELEASED RBP. TOH W/TBG., SN & RBP. TIH W/BIT, BIT SUB, & TBG. TAGGED @ 3,818'. PUMPED BRINE WATER @ 6.0 BPM BUT WAS UNABLE TO GAIN CIRC. TOH W/121 JTS. TBG., BIT SUB & BIT. SCHLUMBERGER MIRU. RAN GR/CCL LOG FOR DEPTH CONTROL. PERF'D. 6-5/8" CSG. FR. 3,732'-3,746' & 3,761'-3,788' USING 4" 22.1 GR. HEGS 2 SPF 180 DEG. PHASED TOTAL OF 84 SHOTS. SCHLUMBERGER RDMO. TIH W/FTI'S SONIC HAMMER, SN & 120 JTS. 2-7/8" TBG. KNOX SVCS. MIRU. PREWASHED O.H. FR. 3,801'-3,820' & PERFS. FR. 3,761'-3,788'; 3,732'-3,746' W/150 BBLs. FW @ 5.0 BPM @ 1,270#. SPOTTED ACID TO TOOL & CLOSED CSG. VALVE TO TANK. WELL DID NOT CIRC.
(CONTINUED)

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

SIGNATURE Terry L. Harvey TITLE SR. STAFF ASSISTANT DATE 02/04/97
TYPE OR PRINT NAME TERRY L. HARVEY TELEPHONE NO. 505-393-2144

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE 02 11 1997
CONDITIONS OF APPROVAL, IF ANY: _____

TCB