

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

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO.	30-025-12471
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	B-869-2
7. Lease Name or Unit Agreement Name	North Monument G/SA Unit Blk. 14
8. Well No.	11
9. Pool name or Wildcat	Eunice Monument G/SA

1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER Water Injection Well
2. Name of Operator Amerada Hess Corporation
3. Address of Operator P. O. Box 840, Seminole, Texas 79360
4. Well Location Unit Letter <u>K</u> ; <u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u> Line Section <u>36</u> Township <u>19S</u> Range <u>36E</u> NMPM 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:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
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.

1-27 thru 1-31-2000

MIRU Tyler Well Svc. pulling unit. Removed wellhead, installed BOP & TOH w/tbg. TIH w/5-7/8" bit, checked for fill & TOH. TIH w/6-5/8" RBP set at 3685' & press. tested csg. to 480 PSI for 30 min. Gained 10 PSI. Latched onto & TOH w/RBP. TIH w/pkr. on 2-3/8" Salta lined tbg. & set pkr. at 3687'. Circ. pkr. fluid. Removed BOP & installed wellhead. Press. tested csg. to 450 PSI for 30 min. Gains 5 PSI. RDP, cleaned location & continued injecting water.

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

SIGNATURE Roy L. Wheeler, Jr. TITLE Bus. Svc. Spec. II DATE 2-11-2000
TYPE OR PRINT NAME Roy L. Wheeler, Jr. TELEPHONE NO. 915 758-6778

(This space for State Use)

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

