DISTRIBUTION		Form C-103
SANTA FE	NE MENICO OU COMPTUMENT	Supersedes Old C-102 and C-103
FILE	NE MEXICO OIL CONSERVATION COMMISSION	Effective 1-1-65
U.S.G.S.		
		5a. Indicate Type of Lease
LAND OFFICE		State XX Fee
OPERATOR	,	5. State Oil & Gas Lease No.
1	•	
SUNDE	RY NOTICES AND REPORTS ON WELLS DEPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. FION FOR PERMIT - (FORM C-101) FOR SUCH PROPOSALS.)	
1.	ION FOR PERMIT -" (FORM C-101) FCR SUCH PROPOSALS.)	
OIL GAS WELL	OTHER- T.A.	7. Unit Agreement Name
2. Name of Operator		8. Farm or Lease Name
Amerada Hess Corpo	oration	o. I will of Lease Name
3. Address of Operator		State "F"
Drawer "D", Mor	nument, New Mexico 88265	9. Well No.
4. Location of Well	tunerry, New Mexico 88265	, 5
N nor		10. Field and Pool, or Wildcat
UNIT LETTER N	785 FEET FROM THE South 1980	Manument Makes E33
	785 FEET FROM THE South LINE AND 1980 FEET FROM	om Monument Mckee-Ellen.
THE West	ON 36 TOWNSHIP 19-S RANGE 36-E NMP	
	NMP	M (
	15. Elevation (Show whether DF, RT, GR, etc.)	
	15. Este disting show whether DF, RI, GR, etc.)	12. County
16.		Lea (\\\\\\\\\
Check 2	Appropriate Box To Indicate Nature of N .: 2	
NOTICE OF IN	Appropriate Box To Indicate Nature of Notice, Report or C	Ither Data
	SUBSEQUE	NT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY AGANDON	COMMENCE DRILLING OPNS.	
PULL OR ALTER CASING	CHANGE PLANS CASING TEST AND CEMENT JOB	PLUG AND ABANDONMENT
OTHER	T.A. Extension	
17. Describe Proposed or Completed Op	perations (Clearly state all pertinent details, and give pertinent dates, including	
WORK) SEE RULE 1103.	and give pertinent dates, including	ig estimated date of starting any proposed
Dian to to	A 3	
rian to tes	t and evaluate Blinebry & G-SA zones, If non-pa	roductive DeA
_	11 11011-p.	roductive, Par.
Request tem	p. abandon extension for one year.	
	Tor one year.	
	•	
	2	•
		10-1-7/
	Calpin	n 10-1-76
	$\varphi \gamma \rho \omega \omega$	· - ·
	V	
10 Thombs and find	·	
rereby certify that the information		
	above is true and complete to the best of my knowledge and belief.	
	above is true and complete to the best of my knowledge and belief.	
SIGNED THE SIGNED		
SIGNED TIPE TO SE	Supver., Admin. Services	DATE 9-29-75
Orig. Store	Supver., Admin. Services	

CONDITIONS OF APPROVAL, IF ANY:

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