

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.

30-025-12486

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

NORTH MONUMENT G/SA UNIT  
BLK. 13

8. Well No.

9

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 ☐

GAS  
WELL ☐

OTHER

INJECTION WELL

2. Name of Operator

Amerada Hess Corporation

3. Address of Operator

P. O. Drawer D, Monument, NM 88265

4. Well Location

Unit Letter I : 1980 Feet From The SOUTH Line and 660 Feet From The EAST Line

Section

35

Township

19S

Range

36E

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: Initial Water Injection Operations. ☒

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.

08/23/95:

Began injection water at a rate of 1,417 BWP. Choke set at 1/64 and tubing pressure - vacuum. Order No. R-9596.

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 08-30-95

TYPE OR PRINT NAME

Terry L. Harvey

TELEPHONE NO. 505 393-2144

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

JCBW

RECEIVED

SEP 6 1 1995

UCC ROBBS  
OFFICE