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LAND OFFICE	
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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease	
State ☒	Fee ☐
5. State Oil & Gas Lease No.	
B-1656	

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 TO DRILL" (FORM C-101) FOR SUCH PROPOSALS.)

1. ☐ OIL WELL ☒ GAS WELL ☐ OTHER-		7. Unit Agreement Name
2. Name of Operator Amerada Hess Corporation		8. Farm or Lease Name State "J" Gas Com.
3. Address of Operator Drawer D, Monument, New Mexico 88265		9. Well No. 4
4. Location of Well UNIT LETTER <u>K</u> <u>2081</u> FEET FROM THE <u>West</u> LINE AND <u>1980</u> FEET FROM THE <u>South</u> LINE, SECTION <u>2</u> TOWNSHIP <u>20S</u> RANGE <u>36E</u> N.M.P.M.		10. Field and Pool, or Wildcat Eumont Queen
15. Elevation (Show whether DF, RT, GR, etc.) 3588' GR		12. County Lea

16. 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 ☐

17. 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.

Pulled production equipment. Ran Baker Model R pkr. on 2-3/8" tbg., set pkr. at 3292' and frac. Eumont Queen Gas zone thru 4-1/2" csg. perf. fr. 3348' to 3467' with 30,000 gal. of 50/50 gelled 3% KCl water and carbon dioxide with 27,000# of 20/40 sand and 9000# of 10/20 sand. Swabbed back load, re-ran production equipment and resumed production, flowing at rate of 1100 MCFPD.

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

SIGNED E. B. Fisher TITLE Supv. Adm. Ser.

MAY 28 1977

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL (IF ANY):