

COPY 7 U. S. G. S.
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions on
reverse side)

Form approved.
Budget Bureau No. 42-R1424.

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—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> 2. NAME OF OPERATOR <u>Amerada Hess Corporation</u> 3. ADDRESS OF OPERATOR <u>Drawer D, Monument, New Mexico 88265</u> 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <p align="center">760' FSL & 660' FWL</p>		5. LEASE DESIGNATION AND SERIAL NO. <u>LC 046164 (a)</u> 6. IF INDIAN, ALLOTTEE OR TRIBE NAME 7. UNIT AGREEMENT NAME 8. FARM OR LEASE NAME <u>H. W. Andrews</u> 9. WELL NO. <u>14</u> 10. FIELD AND POOL, OR WILDCAT <u>Eunice Monument G/SA</u> 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 12, T20S, R36E</u> 12. COUNTY OR PARISH <u>Lea</u> 13. STATE <u>N.M.</u>
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) <p align="center">3559' GR</p>	

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>acid job</u> <input checked="" type="checkbox"/>	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.) *

December 1979

Pulled rods, pump & tbg. Ran 4-3/4" bit thru csg. perf. fr. 3784' to 3884' & checked for fill at 3885' or one ft. of fill. Ran pkr. & tbg., set pkr. at 3702'. Loaded csg. w/2% KCl water. Dowell acidized Grayburg San Andres zone thru 5-1/2" csg. perf. fr. 3784' to 3884' w/7200 gal. 20% NE FE acid & 8000 gal. gelled water using ball sealers in five stages. Swabbed load, re-ran tbg., pump & rods and resumed pumping.

Test of 12-12-79: Pumped 28 b.o. & 112 b.w. in 24 hrs. on 11-56" SPM.

RECEIVED
DEC 28 1979
U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

18. I hereby certify that the foregoing is true and correct /

SIGNED EB Zisker TITLE Supv. Adm. Ser. DATE 12-27-79

(This space for Federal or State office use)

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

*See Instructions on Reverse Side

DATE
RECEIVED FOR RECORD
Albert R. Hall
DEC 27 1979
U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO