Submit 3 Copies to Appropriate District Office

APPROVED BY_

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

District Office			
DISTRICT I P.O. Box 1980, Hobbs NM 88241-1980	OIL CONSERVAT P.O. Box		WELL API NO. 30-025-26168
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mex	cico 87504-2088	5. Indicate Type of Lease STATE FEE X
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No.
SUMPRIATION NOTE	CES AND REPORTS ON W	/FLLS	
(DO NOT USE THIS FORM FOR PRO DIFFERENT RESER		PEN OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name
1. Type of Well: OIL GAS WELL WELL X	OTHER		W. A. Weir "B"
2. Name of Operator			8. Well No.
Amerada Hess Corporati	on		3
3. Address of Operator P. O. Box 840, Seminole	e. Texas 79360-0840		9. Pool name or Wildcat Eumont Yates 7RQ
4. Well Location Unit Letter B : 660	Feet From The Nort	th Line and 19	980 Feet From The East Line
Section 26	Township 19S	Range 36E	NMPM Lea County
	10. Elevation (Show w	hether DF, RKB, RT, GR, e 3660.1' GL	tc.)
11. Check Apr	oropriate Box to Indica		, Report, or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	X ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLIN	G OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND C	
OTHER:		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. 5-16 thru 6-3-97			
MIRU Dawson Well Svc. pw/RTD BHP gauge & pkr. above slips. Press. cs Eumont Zone O.H. fr. 34	on 3-1/2" tbg. & set pk g. annulus w/500 PSI. 49' - 3665' w/168,900 g	r. at 3304'. Tested MIRU Halliburton & F al. My-T-Gel CO2 foa	LO CO2. Fracture treated m XL 40# & 371,400 lbs.
	Set 2-3/8" tbg. O.E. at	3610' w/Halliburton	out frac sand. Removed BOP / profile nipple at 3593'.
Test of 6-7-97: Flow	wed 367 MCFGPD in 24	hours on full o	pen choke. Tbg. Press. 40 PSI.
I hereby certify that the information above is a	ue and complete to the best of my know	wledge and belief.	
SIGNATURE / Collaboration	/	TITLE Admin. Svc. Co	ord. DATE 6-10-97
TYPE OR PRINT NAME R. L. Wheeler	, Jr.		TELEPHONE NO. 915 758-6778
(This space for State Use) ORIGINAL SIGNED B DISTRICT I S			

TITLE __