

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. | 30-025-26886 |
| 5. Indicate Type of Lease | STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> |
| 6. State Oil & Gas Lease No. | |
| 7. Lease Name or Unit Agreement Name Monument Abo | |
| 8. Well No. | 1 |
| 9. Pool name or Wildcat | Monument Abo |

| | |
|---|--|
| 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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER | |
| 2. Name of Operator Amerada Hess Corporation | |
| 3. Address of Operator P. O. Drawer D, Monument, NM 88265 | |
| 4. Well Location Unit Letter <u>C</u> : <u>800</u> Feet From The <u>North</u> Line and <u>1750</u> Feet From The <u>West</u> Line Section <u>2</u> Township <u>20S</u> Range <u>36E</u> 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: ☐

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.

MIRU unit, pull rods & pump, install BOP. TOH w/tbg. TIH w/packer, test csg to 500 psi. TOH w/packer. TIH w/bit and csg scraper, circ until returns clean up. RU acid Co and acid wash tbg w/4200 gals 15% HCL. TOH bit & scraper. Perf Abo zone from 7270-7620' 2 SPF. Acidize perfs. Run production equipment. RDMO pulling unit and resume producing well.

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

SIGNATURE Karen Friday TITLE Production Technician DATE 11-14-95
TYPE OR PRINT NAME Karen Friday TELEPHONE NO. 505 393-2144

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
SUPERVISOR

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

NOV 17 1995