## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

| DISTRICT I  | OH CONCEDUA                         | TION DIVITORON                      |  | 200,1504                               | 1-1-07                 |
|---|-------------------------------------|-------------------------------------|--|--|------------------------|
| P.O. Box 1980, Hobbs NM 88241-1980  | OIL CONSERVA                        |                                     | WELL API NO                                  |  |                        |
| DISTRICT II P.O. Drawer DD. Ariesia, NM 88210  P.O. Box 2088  Santa Fe, New Mexico 87504-2088 |                                     | 30-025-29771                        |  |  |                        |
| P.O. Drawer DD, Artesia, NM 88210   | Dania 1 C, 14CW [V]                 | exico 5/304-2088                    | 5. Indicate Typ                              | e of Lease                             |                        |
| DISTRICT III  |                                     |                                     |  | STATE X                                | FEE 🗌                  |
| 1000 Rio Brazos Rd., Aztec, NM 87410  |                                     |                                     | 6. State Oil & C                             |  |                        |
| SUNDRY NOTI   | CES AND REPORTS ON                  | WELLS                               | B-3464                                       | 1-2                                    | <del>77777777777</del> |
| (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR DUI BRACK TO A                   |                                     |                                     |  |  |                        |
| UILLEVENI VESEL   | IVUIH. USE "APPLICATION FO          | R PERMIT"                           | 7. Lease Name                                | or Unit Agreement Nam                  | ie                     |
| 1. Type of Well:  | 101) FOR SUCH PROPOSALS             | .)                                  | NORTH MONUN                                  | MENT G/SA UNIT                         |                        |
| OIL GAS WELL WELL   | 2777                                |                                     | BLK. 4                                       |  |                        |
| 2. Name of Operator   | OTHER                               |                                     |  |  |                        |
| Amerada Hess Corporati  | a.m.                                |                                     | 8. Well No.                                  |  |                        |
| 3. Address of Operator  | <u>ON</u>                           |                                     | 9  | <del></del>                            |                        |
| P.O. DRAWER D. MONUMENT, NM 88265   |                                     |                                     | 9. Pool name or Wildcat EUNICE MONUMENT G/SA |  |                        |
| 4. Well Location  |                                     |                                     | LEUNICE MONO                                 | MENT G/SA                              |                        |
| Unit Letter I: 1654   | Feet From The SOU                   | TH Line and 33                      | 0 Feet Fro                                   | om The EAST                            | Line                   |
| 24  |                                     |                                     |  |  | Line                   |
| Section 24  | Township 19S                        | Range 36E                           | NMPM   | LEA                                    | County                 |
|   | 10. Elevation (Show)                | whether DF, RKB, RT, GR, etc        | .)   |  |                        |
| 11. Check App   | propriate Roy to India              | oto Noture of N-4'                  | D .  |  |                        |
| NOTICE OF IN  | propriate Box to Indic              |                                     |  |  |                        |
| NO HOL OF IN  | IENTION TO:                         | SUB                                 | SEQUENT                                      | FREPORT OF                             | <b>-</b> :             |
| PERFORM REMEDIAL WORK   | PLUG AND ABANDON                    | REMEDIAL WORK                       |  | ALTERING CASING                        | _                      |
| TEMPORARILY ABANDON   | CHANGE PLANS                        | <del>-</del>                        |  |  | L                      |
| PULL OR ALTER CASING  | er and er er and                    | COMMENCE DRILLING                   |  | PLUG AND ABANDO                        | NMENT L_               |
| <del></del>   | r                                   | CASING TEST AND CE                  | MENT JOB                                     |  |                        |
| OTHER:  |                                     | OTHER: CONVER                       | T TO INJECTI                                 | ON WELL.                               | X                      |
| 12. Describe Proposed or Completed Opera<br>work) SEE RULE 1103.                              | ations (Clearly state all pertinen  | it details, and give pertinent date | es, including estim                          | lated date of starting an              | IV proposed            |
| 525 NG 22 1103.   |                                     |                                     | •  | ······································ | O Proposed             |
| NMGSAU #409 (01-06-97 TH  | RU 01-10-97)                        |                                     |  |  |                        |
| DDIDE VELL CVO A CTAT   |                                     |                                     |  |  |                        |
| PRIDE WELL SVC. & STAR T  | OOL MIRU. PUMPED 70 B               | BLS. WATER TO KILL CSG              | . & BLED DWN                                 | I. TBG.                                |                        |
| OMPERATED FORM & MILLED I   | DG. W/35 BBIS WAIFR                 | TOH WODDEN ENTER M                  | ID LIELL DEAD A                              | THETALLER                              |                        |
| 501. TOTI W/ TDG. 50D5. I   | 13 712' IRD 1 11 /V                 | 1 1 A & 2.3/9" CM Till              | LI/DDD CN 0                                  | 110 370 700                            |                        |
| SET & GOT OFF RBP @ 3,85 WELL CLEAN. LOADED SURF  | CCG WANTED & DDECC                  | WELLBORE W/100 BBLS.                | W/9.5# BRINE                                 | WATER. CIRC.                           |                        |
| RETRIEVING HEAD @ 3,195'  | SITIRRED & PIMPED 2                 | U. CSG. 10 500#. TOH                | W/21 JTS. T                                  | BG.                                    |                        |
| TITUIVITING OIL. FUR W/90   | DID. IRG. SN & REIR                 | IFVING HEAD AND DOD *               | ADADTED ELA                                  | NOT 1010TO                             |                        |
| O IN COURT MANIER. KIN  | V D. ULD WELLHEAD & IN              | ZIALIEN MEN OME DOCC                | C TCT'D UE                                   | LINEAD TO                              |                        |
| LISCOFT. FILLD. NO DOP.   | PRESS. TST'D. CSG. TO               | 580# & CHARTED 30 MIN               | J. IJI D. WE                                 | HEID<br>LLMEAD IU                      |                        |
| (CONTINUED)   | 64 74                               | .,,                                 | . 131. C3u.                                  | FILLU.                                 |                        |
| Thurshy care for that the in College  | [X7/16                              |                                     |  |  |                        |
| I hereby certify that the information above is true   | and complete to the best of my know | ledge and belief.                   |  | <del></del>                            |                        |
| SIGNATURE   | Harry                               | TITLE SR. STAFF ASSIST              | ANT  | DATE 01/14                             | 1/97                   |
| TYPE OR PRINT NAME (TERRY L. HARVE)   | //                                  |                                     |  |  |                        |
| (This space for State Use)  |                                     |                                     |  | TELEPHONE NO. 505 - 39                 | 93-2144                |
|   | DM C. Image                         |                                     |  |  |                        |
| DISTRICT I  | BY CHRIS WILLIAMS<br>SUPERVISOR     |                                     |  | AUG 0                                  | 7 1007                 |
| APPROVED BY  CONDITIONS OF APPROVAL, IF ANY:  |                                     | TITLE                               | <del></del>                                  | DATEDATE                               | 1331                   |
|   |                                     |                                     |  |  |                        |