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	Lifeigy, witherars and trac	urur ive	Sources Department		Reviseu	1-1-07
DISTRICT I P.O. Box 1980, Hobbs NM 88241-1980 P.O. Box 2088				WELL API NO. 30-025-32346		
DISTRICT II P.O. Drawer DD, Artesia, NM 88210  Santa Fe, New Mexico 87504-2088			5. Indicate Type	of Lease		
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410				6. State Oil & Ga	STATE X	FEE 🗌
SUNDRY NOTICES AND REPORTS ON WELLS				B-1368		
(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.)				7. Lease Name of (87)	r Unit Agreement Nam	ie
1. Type of Well: OIL WELL GAS WELL WELL	OTHER			W.P. BYRD GA	AS COM.	
2. Name of Operator				8. Well No.		
Amerada Hess Corporat	ion			2		
3. Address of Operator P. O. Box 840, Semino	le, Texas 79360-0840			9. Pool name or EUMONT YATES	Wildcat S 7RQ (76480)	
4. Well Location Unit Letter 0 : 990	Feet From The SC	OUTH	Line and 19	980 Feet Fro	om TheEAST	Line
Section 12	Township 20 S	Ra	nge 36 E	NMPM	LEA	County
Section ————————————————————————————————————	10. Elevation (Show	v whethe	er DF, RKB, RT, GR, et 3554.3' GR.	tc.)		
11. Check A	ppropriate Box to Ind	icate		, Report, or	Other Data	
	NTENTION TO:		SU	BSEQUENT	REPORT O	F:
PERFORM REMEDIAL WORK	PLUG AND ABANDON		REMEDIAL WORK		ALTERING CASING	a [
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRILLIN	G OPNS.	PLUG AND ABAND	ONMENT _
PULL OR ALTER CASING			CASING TEST AND C	EMENT JOB		
OTHER:			OTHER:			
12. Describe Proposed or Completed Owork) SEE RULE 1103.	perations (Clearly state all perti	nent det	ails, and give pertinent d	lates, including estir	nated date of starting	any proposed
Add perforations to the Fracture stimulate the of 12/20 Brady Sand.	ne Eumont Gas Zone in t ese added perforations	the Low	wer Seven Rivers a XL Guar CO2 foa	and/or Queen m carrying 25	Formations. 0,000#	
I hereby certify that the information above	s true and complete to the best of my			or Drla Suc	p.1225 U(	9-30-97
SIGNATURE SEA HEMP	per	TI	TLE Adm. Superviso	UL DITY SVS.		
TYPE OR PRINT NAME MIKE JUMPER				<del></del>	TELEPHONE NO. 91	2 /20-0//8
(This space for State Use) ORIGINAL SIG DISTRI	NED BY CHRIS WILLIAMS CT I SUPERVISOR	i			<b>0</b> C1	1 9 1997

\_\_\_\_\_DATE