

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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. 30-025-32358
5. Indicate Type of Lease STATE ☒ FEE ☐
6. State Oil & Gas Lease No. B-1368
7. Lease Name or Unit Agreement Name J.R. PHILLIPS GAS COM (000162)
8. Well No. 4
9. Pool name or Wildcat EUMONT YATES 7RQ (76480)

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 ☐ GAS WELL ☒ OTHER ☐
2. Name of Operator AMERADA HESS CORPORATION (000495)
3. Address of Operator DRAWER D, MONUMENT, NEW MEXICO 88265
4. Well Location

Unit Letter 0 : 1090 Feet From The SOUTH Line and 1330 Feet From The EAST Line

Section 1 Township 20S Range 36E NMPM LEA County LEA
10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3562.6 GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☒
TEMPORARILY ABANDON ☐	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
OTHER: ☐	PLUG AND ABANDONMENT ☐
	CASING TEST AND CEMENT JOB ☐
	OTHER: <u>RAN TUBING</u> ☒

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.

5-4 THRU 5-6-94

MIRU DA&S WELL SVC. PULLING UNIT, REMOVED WELLHEAD & INSTALLED BOP. TIH W/2-3/8" TBG. & TAGGED FILL IN 5-1/2" CSG. AT 3297'. RU TRI-CONE AIR DRLG. & STAR TOOL & CLEANED OUT FILL FR. 3297'-3445'. CIRC. HOLE CLEAN. SCHLUMBERGER RAN MI LOG FR. 3445'-2851'. TIH W/2-3/8" TBG. SET O.E. WITH NOTCHED COLLAR AT 3265', N NIPPLE AT 3262'. REMOVED BOP & INSTALLED WELLHEAD. HALLIBURTON PULLED T LOCK SAFETY VALVE. RDPV, CLEANED LOCATION & RESUMED FLOWING TO SALES.

TEST OF 5-9-94: FLOWED 1659 MCFGPD IN 24 HRS.

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

SIGNATURE R. L. Wheeler, Jr. TITLE ADMIN. SVC. COORD. DATE 5-31-94
TYPE OR PRINT NAME R.L. WHEELER, JR. TELEPHONE NO. (505) 393-2144

(This space for State Use)

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