Submit 3 Copies to Appropriate District Office

CONDITIONS OF AFPROVAL, IF ANY:

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

| | | • | Kevised 1 | ·1 -89 |
|---|--|-----------------------------------|--|---------------|
| DISTRICT I P.O. Box 1980, Hobbs, NM 88240 | OIL CONSERVATI | ON DIVISION | | |
| DISTRICT II P.O. Box 2088 | | | WELL API NO. | |
| P.O. Drawer DD, Artesia, NM 88210 | Santa Fe, New Mexico | o 87504-2088 | 30-025-32392 | |
| DISTRICT III | | | 5. Indicate Type of Lease STATE X | FEE |
| 1000 Rio Brazos Rd., Aztec, NM 87410 | | | 6. State Oil & Gas Lease No. | 164 |
| SUNDRY NOT | ICEC AND DEDODES ON WE | | B-1382-4 | |
| (- CHO COL ITIIS FORM FOR PHI | ICES AND REPORTS ON WE | NOD BUILD BLOWER . | | |
| | RVOIR. USE "APPLICATION FOR P C-101) FOR SUCH PROPOSALS.) | ERMIT" | 7. Lease Name or Unit Agreement Name | |
| 1. Type of Well: | TOT) TON SOCH PROPOSALS.) | | NMGSAU BLK 2 | |
| OIL X GAS WELL | OTT-BER | | _ | |
| 2. Name of Operator | | | 8. Well No. | |
| AMERADA HESS CORPORATI 3. Address of Operator | ON ATTN: KEN WHITE | | 12 | |
| · | Novame. | | 9. Pool name or Wildcat | · |
| 1201 LOUISIANA, STE 700 4. Well Location | L. HOUSTON, TEXAS 770 | 002 | EUNICE MONUMENT G/SA | |
| Unit Letter I : 75 | 7 Feet From The WEST | line and 100 | 96 Feet From The SOUTH | |
| | | Line and 19 | Feet From The SOUTH | Line |
| Section 18 | Township 19S R | ange 37E N | IMPM LEA | County |
| | 10. Elevation (Show whether | DF, RKB, RT, GR, etc.) | V///////// | 7777777 |
| 11. Check | Appropriate Box to Indiana | N. C.Y. | | |
| NOTICE OF INT | Appropriate Box to Indicate | Nature of Notice, Re | port, or Other Data | |
| | | SUBS | SEQUENT REPORT OF: | |
| PERFORM REMEDIAL WORK | PLUG AND ABANDON | REMEDIAL WORK | ALTERING CASING | <u> </u> |
| TEMPORARILY ABANDON | CHANGE PLANS | COMMENCE DRILLING | | |
| PULL OR ALTER CASING | | ļ | | IMENT |
| OTHER: | | CASING TEST AND CEM | ENT JOB [X] | |
| | | OTHER: | | [|
| Describe Proposed or Completed Operation work) SEE RULE 1103. | ons (Clearly state all pertinent details, ar | nd give pertinent dates, includin | g estimated date of starting any recovered | |
| | | | o and any proposed | |
| SET 432' OF <u>9-5/8</u> " 36# | J55 8RS ERW R3 "A" SUF | RFACE CASING | | |
| | | | | |
| FUMP 225 SX CLASS "C" C | EMENT. BUMP PLUG W/65 | 0 PSI. TEST CSG | . TO 1000 PSI FOR 30 MIN | UTES. |
| HELD O.K. | | | | |
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| | · | | | |
| I hereby certify that the information above is true an | nd complete to the best of my knowledge and b | elief. | | |
| SIGNATURE /// // | Witte | SUPVSR. DRLG. S | THE OO SE | |
| TYPE OF BEINT NAME | | DOLVER DRUG. | DATE 02-15-94 (713 | |
| TYPE OR PRINT NAME /KEN WHITE | | | TELEPHONE NO. 752- | |
| (This space for State Life INAL SIGNED BY | JERRY SEXTON | | | |
| DISTRICT I SUP | PERVISOR | | FFD 64 | 4ለሴ፤ |
| APTROVED BY | | | FEB 21 | 1994 |

- TITLE -

- DATE -