Submit 3 Copies to Appropriate District Office

State of New Mexico Ener Minerals and Natural Resources Department

Form C-103 Revised 1-1-59

DISTRICT 1 P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION P.O. Box 2088

| | | | | - | - |
|-----|-----|-----|--------|---|------------|
| nta | Fe, | New | Mexico | 1 | 87504-2088 |

WELL API NO.

| DISTRICT II Santa Fe | , New Mexico 8 | 7504-2088 | 30-025-32393 | | | | | | | |
|--|---------------------------------|--------------------------------------|-----------------------|---------------------------------------|----------------|--|--|--|--|--|
| P.O. Drawer DD, Artesia, NM 88210 DISTRICT III | 5 mar 10,1104 Michel 67504 2066 | | | 5. Indicate Type of Lease STATE X FEE | | | | | | |
| 1000 Rio Brizzos Rd., Aziec, NM 87410 | | | 6. State Oil & Co | | , ee [] | | | | | |
| | ~ | | 1,,,,,,,,,, | | -1375-39 | | | | | |
| SUNDRY NOTICES AND REPORT OF THE PROPOSALS TO DRILL | ORTS ON WELL | S BLUG BASK TS A | | | | | | | | |
| DIFFERENT RESERVOIR, USE "APPL | JCATION FOR PER | AN PLUG BACK TO A. MIT | 7. Lease Name o | r Unit Agreement Na | Lime . | | | | | |
| (FORM C-101) FOR SUCH P | ROPOSALS.) | | NORTH MON | UMENT GRAYB | URG | | | | | |
| ONE CO WELL X | OTHER | | SAN ANDRE | | - · · • | | | | | |
| 2. Name of Operator | OTHER | | BLK. 18 | - | | | | | | |
| AMERADA HESS CORPORATION | | | 8. Well No. | 28 | | | | | | |
| 3. Address of Operator | | | 9. Pool name or | | | | | | | |
| POST OFFICE DRAWER D, MONUMEN 4. Well Location | IT, NEW MEXIO | 00 # 8265 | EUNICE MO | NUMENT G/SA | <u> </u> | | | | | |
| Unit Letter G: 2622 Feet From The | NODTH | • 1º | 220 | T.A.C | · T | | | | | |
| Only Letter : Feet From the | NONTH | Line and1 | 338 Feet From | m TheEAS | Line | | | | | |
| Section 2 Township | 20S Ran | ge 36E | NMPM | LEA | County | | | | | |
| 10. Elev | | F. RKB, RT, GR, etc.) | | 1//////// | | | | | | |
| | KB 3599. | | | <u> </u> | | | | | | |
| 11. Check Appropriate Bo | ox to indicate N | | | | | | | | | |
| NOTICE OF INTENTION TO | | SU | BSEQUENT I | REPORT OF | : | | | | | |
| PERFORM REMEDIAL WORK PLUG AND A | ABANDON 🔲 | REMEDIAL WORK | | ALTERING CAS | ING | | | | | |
| TEMPORARILY ABANDON CHANGE PL | ANS | COMMENCE DRILLIN | IG OPNS | PELIC AND ARA | NOONNENT - | | | | | |
| THE CO. LETT. C. C | | | | | | | | | | |
| | | CASING TEST AND CEMENT JOB | | | | | | | | |
| OTHER: | [] | OTHER: NEW WE | LL COMPLETI | ON. | X | | | | | |
| 12. Describe Proposed or Completed Operations (Clearly state as work) SEE RULE 1103. | ll pertinent details, an | d give pertinent dates, inc | luding estimated date | of starting any propo | med | | | | | |
| NMGSAU #1828 03-09-94 Thru | 03-21-94 | | | | | | | | | |
| MIRU pulling unit & installed | BOP. TIH w | /6-1/4" full o | auge bottom | hole mill | & | | | | | |
| tagged up on DV tool at 1,990 | '. Milled o | ut DV tool at | 2,027' & TO | H. TIH w/6 | -1/4" | | | | | |
| pit, tagged bottom at 4.080'. | circ hole | clean & TOH. | Schlumberge | r ran (RI f | r | | | | | |
| 3,740'-380'. Found cement top at 546'. TIH w/FTI Sonic Hammer & set at top of | | | | | | | | | | |
| O.H. at 3,740'. Serfco acidized Grayburg San Andres Zone O.H. fr. 3,740'-4,080' w/ 5,000 Gals. NEFE acid w/3% DP-77 MX chemical. TIH w/pkr. set at 3,712', swabbed | | | | | | | | | | |
| well & lun. Jarrell Svc. ran BHP. TIH w/7" x 2-7/8" Baker TAC on 2-7/8" that set | | | | | | | | | | |
| tog. U.E. at 4,03/' & IAC at 3 | 3.6//' w/16. | 000 psi tensic | n. Removed | ROP insta | 1104 | | | | | |
| weilnead & ith W/pump & rods. | RDPU & cle | aned location. | Set pumpi | na unit & m | otor. | | | | | |
| Laid flowline from well to NMO pumping well on 03-21-94. | GSAU Bty. No | .//. Connect | ed electric | al svc. & b | egan | | | | | |
| Test of 03-27-94: Prod. 18 BC | 122 RMD | D & 25 MCECDD | in 24 Hauma | | | | | | | |
| I hereby certify that the information above is true and complete to the bo | et of my knowledge and | belief. | III 44 HOURS | | | | | | | |
| F + 1 | | | Accietant | 0.1 | 2 20 04 | | | | | |
| SIGNATURE | | <u> </u> | <u>Assistant</u> | DATEU | 3-29-94 | | | | | |
| TYPE CRIPATINAME Terry L. Harve | · · · | | | TELEPHONE NO | 393-2144 | | | | | |
| (This space for State Use) | | . | | | | | | | | |
| | | Drig. Sign Pau l Ka | ed b y | API | R 07 1994 | | | | | |
| APPROVED BY | пп | | | DATE | | | | | | |
| CONDITIONS OF APPROVAL, IF ANY: | | | | | | | | | | |