Submit 3 Copies to Appropriate District Office

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-103
Revised 1-1-89

WELL API NO. 30-025-33190

5. Indicate Type of Lease STATE ☐ FEE ☒

6. State Oil & Gas Lease No. N/A

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.)

7. Lease Name or Unit Agreement Name: M.E. GAITHER

1. Type of Well: OIL WELL ☒ GAS WELL ☐ OTHER

2. Name of Operator: AMERADA HESS CORPORATION

8. Well No. 5

3. Address of Operator: P.O. BOX 2040 HOUSTON, TEXAS 77252

9. Pool name or Wildcat: MONUMENT/ABO

4. Well Location
Unit Letter I : 1650 Feet From The SOUTH Line and 660 Feet From The EAST Line

Section 34 Township 19S Range 36E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3621' GR.

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐		CASING TEST AND CEMENT JOB ☒	
OTHER: SETTING INTERMEDIATE CASING ☒		OTHER: ☐	

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.

12-09-95: RU WEATHERFORD CASING CREW AND RUN 60 JTS. 8-5/8" 28# M80 HC, 8RS, SMLS, R3, "A", CSG. AND 53 JTS. 24# K55, 8RS, SMLS, R3, "A", CSG. SET AT 4,598', SHOE AT 4,596', FLOAT COLLAR @ 4,511'. RAN 20 TURBOLIZERS AND 2 CENTRALIZERS. CMT. W/BJ. PUMP 850 SX. CLASS C 35:65 POZ + 5#/SX SALT + 1/4 #/SX. C.F. (12.6# 1.99). TAIL W/450 SX. CLASS "C" + 2% CACL2, + 1/4 #/SX. C.F. (14.8# 1.41). DISPLACED W/267 BBLS. OF FRESH WATER. LEFT 18 BBLS OF CMT. IN CASING WITHOUT CMT. CIRCULATING TO SURFACE. PLUG DOWN @ 2:00 P.M. FLOAT EQUIPMENT FAILED. HELD PRESSURE ON CASING. W.O.C.

12-10-95: TEST CSG. W/1500 PSI FOR 30 MIN. HELD O.K.

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

SIGNATURE [signature] TITLE ADM. SUPVSR. DRLG. SVS. DATE 12-11-95

TYPE OR PRINT NAME MIKE JUMPER TELEPHONE NO. (713) 609-4846

(This space for State Use) ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

DEC 19 1995

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: