

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

DISTRICT I  
P.O. Box 1980, Hobbs NM 88241-1980

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.	30-025-33191
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.	

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	7. Lease Name or Unit Agreement Name M. E. Gaither
2. Name of Operator Amerada Hess Corporation	8. Well No. 6
3. Address of Operator P. O. Box 840, Seminole, Texas 79360-0840	9. Pool name or Wildcat Monument Abo
4. Well Location Unit Letter J : 2310 Feet From The South Line and 1650 Feet From The East Line Section 34 Township 19S Range 36E NMPM Lea County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐  
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
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.

4-21 thru 4-28-97

MIRU Dawson Well Svc. & attempted to TOH w/rods. Rods parted. TIH & stripped out rods, pump & tbq. TIH w/4-3/4" bit, tagged fill at 7241', cleaned out fill to 7334' & TOH. Acidized Abo Zone csg. perfs. fr. 7236' - 7324' w/2200 gal. 15% NEFE DI HCL acid. Swabbed well. TIH w/2-7/8" tbq. & set TAC at 7216'. Removed BOP, installed wellhead & TIH w/pump & rods. RDPV, cleaned location & resumed pumping well.

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 4-29-97  
TYPE OR PRINT NAME R. L. Wheeler, Jr. TELEPHONE NO. 915 758-6778

(This space for State Use)

ORIGINAL SIGNED BY JERRY [Signature]  
DISTRICT I SUPERVISOR

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE MAY 02 1997

CONDITIONS OF APPROVAL, IF ANY:

my