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CONDITIONS OF APPROVAL, IF ANY:

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

| District Office  |  |  |  |  |                                       |
|--|--|--|--|--|---------------------------------------|
| DISTRICT I<br>P.O. Box 1980, Hobbs NM 88241-1980   |  | TION DIVISION  | WELL API NO.   | 20 005 224                                       | 26                                    |
| DISTRICT II P.O. Drawer DD, Artesia, NM 88210  | 2040 Pacheco St. Santa Fe, NM 87505  |  | 30-025-33436  5. Indicate Type of Lease  |  |                                       |
| DISTRICT III   |  |  | 6. State Oil & Ga  | STATE Lass Lease No.                             | FEE X                                 |
| 1000 Rio Brazos Rd., Aztec, NM 87410   | ,  |  | V  | <del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del> |                                       |
| 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 Smith   |  |                                       |
| 1. Type of Well: OIL GAS WELL X WELL   |  |  |  |  |                                       |
| 2. Name of Operator  |  |  | 8. Well No.  |  |                                       |
| Amerada Hess Corporation   | 1  |  | 8<br>0 Brol  | W. 14  |                                       |
| 3. Address of Operator P. O. Box 840, Seminole   | 9. Pool name or Wildcat  Monument Abo  |  |  |  |                                       |
| 4. Well Location Unit Letter H: 1980   | Feet From The No   | rth Line and 8   | 60 Feet Fro  | m The Ea   | ast Line                              |
| Section 34   | Township 19S   | Range 36E  | NMPM   | Lea  | County                                |
| Section 34   | TOWNSIND   | whether DF, RKB, RT, GR, et  |  | V////////  |                                       |
| Charle Asset   | ////A  | anta Natura of Nation  | Donort or (  |  |                                       |
| NOTICE OF IN   | -  | cate Nature of Notice  | , Report, or V<br>BSEQUENT   |  | · 0E·                                 |
| _  | ENTION TO.   | 50.  | DOLGOLIN,  | IILI OILI  | <b>U</b> 1.                           |
| PERFORM REMEDIAL WORK  | PLUG AND ABANDON   | REMEDIAL WORK  | ᆜ  | ALTERING CAS                                     | sing L                                |
| TEMPORARILY ABANDON  | CHANGE PLANS   | COMMENCE DRILLING  | GOPNS.   | PLUG AND ABA                                     | ANDONMENT L                           |
| PULL OR ALTER CASING   |  | CASING TEST AND C  | EMENT JOB  |  |                                       |
| OTHER:   |  | OTHER:   |  |  | [                                     |
|  |  |  |  |  |                                       |
| <ol> <li>Describe Proposed or Completed Operat<br/>work) SEE RULE 1103.</li> </ol>   | ions (Clearly state all pertin   | ent details, and give pertinent d  | ates, including estin  | iated date of star                               | ling any proposed                     |
| Plan to MIRU pulling unit<br>TOH w/tbg. TIH w/bit & dr<br>Run cement bond log. TIH<br>Class "H" cement into Abo<br>to PBD at 7430' w/1000 PS<br>& perf. Abo Zone fr. 7342<br>Swab test. If water cut | rill out CIBP's to PE w/CICR & set at +/- perfs. Drill out CI I. Run GR/CCL or cen '-7354'w/2 SPF. Acid low, TIH & perf. w/2 | BD at 7430'. Circ. ho<br>7180'. Pump total 40<br>[CR & cement & press.<br>ment bond/CBL/GR. TIH<br>dize interval w/500 ga<br>SPF fr. 7282' - 7330' | le clean.<br>O sks.<br>test squeeze<br>w/4" csg. gun<br>l. 15% HCL.<br>. If water cu | ut   |                                       |
| high, set CIBP at 7338'& gal. 15% HCL acid. Swab't 7096'- 7279'. If water of 7096'-7279' w/2 SPF. Acid   | test. If water cut 1<br>cut high, TIH & set F  | low, perf. w/2 SPF at<br>RBP at 7282'. Perf. a   | intervals fr.<br>t intervals fı  |  |                                       |
| I hereby certify that the information above is true  |  |  |  |  |                                       |
| SIGNATURE Roy Ell All  | in y   | тпь <u>Bus. Svc. Spec</u>  | <u>. II                                   </u>                                       | DATE   | 5-24-99                               |
| TYPE OR PRINT NAME ROY L. Wheeler  | , Jr   |  |  | TELEPHONE NO.                                    | 915 758-6700                          |
| (This space for State Use) ORIGINAL  | 1. 化磷糖的 2.4  |  |  |  |                                       |
|  | San  |  |  |  |                                       |
| APPROVED BY  |  | TITLE  |  | DATE   | · · · · · · · · · · · · · · · · · · · |