Submit 3 Copies to Appropriate District Office

APPROVED BY_

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 P.O. Box 1980, Hobbs NM 88240	OIL CONSERVA	-	WELL API NO.
DISTRICT II	P.O. Box 2088 Santa Fe, New Mexico 87504-2088		30-025-33551
P.O. Drawer DD, Artesia, NM 88210	,		5. Indicate Type of Lease STATE FEE X
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No. N/A
l .	TICES AND REPORTS ON		
(FORM C	IOPOSALS TO DRILL OR TO DE ERVOIR. USE "APPLICATION FO C-101) FOR SUCH PROPOSALS	OR PERMIT"	7. Lease Name or Unit Agreement Name W.A. WEIR
1. Type of Well: OIL GAS WELL X WELL	OTHER		
2. Name of Operator	on.		8. Well No. 10
Amerada Hess Corporation 3. Address of Operator	<u> </u>		9. Pool name or Wildcat
P.O. Box 2040, Houston	, TX 77252-2040		MONUMENT/ABO
4. Well Location Unit Letter D: 33	0 Feet From The NC	ORTH Line and 6	60 Feet From The WEST Line
om Letter	rect From The	Line and	Feet From The WEST Line
Section 35	Township 19S	Range 36E	NMPM LEA County
	10. Elevation (Show	v whether DF, RKB, RT, GR, e 3648'	tc.)
11. Check A	ppropriate Box to Ind		e, Report, or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	PLUG AND ABANDON	L REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLIN	G OPNS. L PLUG AND ABANDONMENT L
PULL OR ALTER CASING		CASING TEST AND C	EMENT JOB X
OTHER:		OTHER: RUNNING	S 5-1/2" PRODUCTION CSG. [X
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.			
(CONTINUE)			
09-14-96: 50/50 POZ +	8#/SX SALT + 1/4/S	X C.F. (14.1#.1.38)). TAIL W/125 SX CLASS "H" + .5%
HALAD 9 + 6	#/SX SALT + 1/4#/SX	C.F. (15.6#, 1.25)). DISP. W/168 BBLS F. WATER @
			@ 12:00 A.M. WITH 3600 PSI, DID
			L, 4300 PSI CLOSED TOOL. WATCHED SET SLIPS & CUT OFF CSG. NIPPLE
			D TURNED OVER TO PRODUCTION.
I hereby certify that the information above is	true and complete to the best of my k	cnowledge and belief.	
SIGNATURE WAS LUNG	ممك	TITLE ADM. SUPERVIS	OR DRILLING DATE 09-17-96
TYPE OR PRINT NAMEMIKE JUMPER			TELEPHONE NO.713 - 609 - 4846
(This space for State Use)			

TITLE _

____ DATE__