Submit 3 Copies to Appropriate

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 CONSERVATION DIVISION P.O. Box 2088			WELL API NO.	
DISTRICT II Santa Fe, New Mexico 87504-2088 2.0. Drawer DD, Artesia, NM 88210		30 - 025 - 33567 5. Indicate Type of Lease STATE FEE X 6. State Oil & Gas Lease No.		
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 SUNDRY NOTICES AND REPORTS ON WELLS				
			N/A	
(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 W.A. WEIR	
1. Type of Well: OIL WELL X GAS WELL] OTHER			
2. Name of Operator	a.m		8. Well No. 11	
Amerada Hess Corporation 3. Address of Operator			9. Pool name or Wildcat	
P.O. Box 2040, Houston 4. Well Location			MONUMENT/ABO	
Unit Letter E : 168	BO Feet From The NORTH	Line and 5	80 Feet From The WEST Line	
Section 35	Township 19S Ra	nge <u>36E</u> er DF, RKB, RT, GR, et 3625 GR.	NMPM LEA County	
11. Check A	ppropriate Box to Indicate		, Report, or Other Data	
	NTENTION TO:	1	BSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLIN	G OPNS. PLUG AND ABANDONMENT	
PULL OR ALTER CASING		CASING TEST AND C	EMENT JOB X	
OTHER:		OTHER: RUNNING	PRODUCTION CASING	
12. Describe Proposed or Completed O work) SEE RULE 1103.	perations (Clearly state all pertinent det	ails, and give pertinent d	lates, including estimated date of starting any proposed	
(CONTINUE)				
BUMP PLUG W AND 7-1/6"	166 BBLS. FRESH WATER A 1/3800-4000 PSI AND CLOS 3000# TBG. HD. TEST TO TO PRODUCTION.	e stage tool a	FINAL CIRCULATION W/7100 PSI. T 5:30 P.M. NU OTC-TCM 11" 3000 C RELEASED RIG AT 10:00 P.M.	
I hereby certify that the information above	is true and complete to the best of my knowledg		ICOD DDI C CVC 10 24 06	
SIGNATURE SIGNATURE		ILE <u>HUPL SUPERVI</u>	ISOR DRIG SVS. DATE 10-24-96	
TYPE OR PRINT NAMEMIKE JUMPE	<u> </u>		TELEPHONE NO. 713 - 609 - 4846	
(This space for State Use)				
All	TIT	TT E	DATE	