

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION

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

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

WELL API NO.	30-025-33671
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.	N/A
7. Lease Name or Unit Agreement Name	W.A. WEIR "B"
8. Well No.	4
9. Pool name or Wildcat	MONUMENT/ABO

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	2. Name of Operator Amerada Hess Corporation
3. Address of Operator P.O. Box 2040, Houston, TX 77252-2040	4. Well Location Unit Letter <u>F</u> : <u>2310</u> Feet From The <u>NORTH</u> Line and <u>1650</u> Feet From The <u>WEST</u> Line Section <u>26</u> Township <u>19S</u> Range <u>36E</u> NMPM <u>LEA</u> County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3676' GR.	

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: RUNNING PRODUCTION CASING ☒

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.

01-13-97:RU BULL ROGERS CSG CREW & RAN 194 JTS OF 5-1/2", 15.50#, K-55, 8RL, SMLS, R3, A CSG, SET @ 7650', SHOE @ 7648', F.C. @ 7567', PACKER STAGE TOOL @ 7132'-7129', RAN 62 TURBOLIZERS & 42 CENTRALIZERS. CMT. W/ HOWCO. PUMP 50 BBLS MUD FLUSH AHEAD OF 150 SX. OF CLASS 'H' CMT. + 1-1/2#/SALT + .4 HALAD 9 + 1/4#/SX. C.F. (15.7# 1.18). DISPLACE W/ 180 BBLS FRESH WATER & MUD @ 8 BBLS MIN. FINAL CIRC W/ 400 PSI, BUMP PLUG W/ 900 PSI @ 9:00 PM MST. FLOAT HELD-RETURNS THRU-OUT JOB, RECIPROCATATE CSG. DROP BOMB & INFLATE PACKER, OPEN STAGE TOOL W/ 1600 PSI & CIRC. CSG. CIRC. 20 SX.
01-14-97:CMT. TO PIT. CMT. 2ND STAGE: PUMP 200 BBLS OF TREATED BRINE WATER AHEAD OF 1100 SX. OF CLASS 'C' 50:50 POZ + 8#/SX. SALT + 1/4#/SX. C.F. (14.1# 1.38). PUMP 150 SX. CLASS 'H' + 1-1/2#/SX. SALT + .4 HALAD 9 + 1/4#/SX. C.F. (15.7# 1.18). DISPLACE W/ 169 BBLS FRESH WATER @ 8 BBLS/MIN., FINAL CIRC. W/ 2300 PSI, BUMP PLUG & CLOSE
(CONTINUED NEXT PAGE)

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

SIGNATURE Mike Jumper TITLE ADM. SUPERVISOR DRIG. SVS. DATE 01-15-97
TYPE OR PRINT NAME MIKE JUMPER

TELEPHONE NO. 713-609-4846

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE JAN 22 1997
CONDITIONS OF APPROVAL, IF ANY: _____

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

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
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PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <u>RUNNING PRODUCTION CASING</u> <input checked="" type="checkbox"/>	

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STAGE TOOL W/ 4100 PSI @ 3:15 MST. GOOD RETURNS THRU-OUT JOB. NU CIW TC 11" 3000# x 7-1/16" 3000# TBG HD. TEST W/ 2500 PSI OK. RELEASED RIG. TURNED OVER TO PRODUCTION.

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

SIGNATURE Mike Jumper TITLE ADM. SUPERVISOR DRILG. SVS. DATE 01-15-97

TYPE OR PRINT NAME MIKE JUMPER

TELEPHONE NO. 713-609-4846

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