Submit 3 Copies to Appropriate

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

| District Office | | | • | | | | |
|--|---|--|--|--|--|-------------------|---------|
| OIL CONSERVATION DIVISION P.O. Box 1980, Hobbs NM 88241-1980 P.O. Box 2088 | | | WELL API NO. | | | | |
| DISTRICT II P.O. Drawer DD, Artesia, NM 88210 | Santa Fe, New Mexico 87504-2088 | | | 30 - 025 - 33877 5. Indicate Type of Lease | | | |
| DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 | | | | 6. State Oil & C | STATE Gas Lease No. | FE | EX |
| SUNDRY NOTIC | ES AND DEDODTS ON | VAZET T | c | | | | 777777 |
| 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 | | | |
| 1. Type of Well: OIL GAS WELL X WELL | OTHER | | | W. B. Mavee | ety | | |
| 2. Name of Operator | - | | | 8. Well No. | | | |
| Amerada Hess Corporation | <u>n</u> . | | | 11 | | | |
| 3. Address of Operator P. O. Box 840, Seminole | . Texas 79360-0840 | | | 9. Pool name of Monument At | | | |
| 4. Well Location Unit Letter B: 520 | Feet From The NO | rth | Line and 23 | 10 Feet Fr | om The | East | Line |
| Section 35 | Township 19S | Da | nge 36E | NADM | Lea | | _ `• |
| Section 35 | | | r DF, RKB, RT, GR, et | NMPM c.) | <u> </u> | | County |
| | <u>/////////////////////////////////////</u> | | 3647' GR | | <u> </u> | | |
| | propriate Box to Indi | icate I | 1 | | | | |
| NOTICE OF INTENTION TO: SUB | | | | | T REPOR | T OF: | |
| PERFORM REMEDIAL WORK | PLUG AND ABANDON | | REMEDIAL WORK | | ALTERING C | ASING | |
| TEMPORARILY ABANDON | CHANGE PLANS | | COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT | | | | |
| PULL OR ALTER CASING | | | CASING TEST AND CEMENT JOB | | | | |
| OTHER: | | | OTHER: New Well Completion - Final. | | | X | |
| 12. Describe Proposed or Completed Opera work) SEE RULE 1103. | ations (Clearly state all pertin | ent deta | ils, and give pertinent da | ites, including esti | mated date of sta | arting any pr | oposed |
| 5-29 thru 7-10-97 Flowed well fr. 5-29 thr frac'd. Monument Abo Zon 20% acid & 10,500 gal. o swab line. TIH w/pkr. s swab line. TIH w/5-1/2" bbls. pkr. fluid & teste & cleaned location. Swa | e 5-1/2" csg. perfs. f Linear Gel. Swabbe et at 7203'. Swabbe Baker Md. A-3 pkr. o d pkr. to 500 PSI. H | fr. 7 ed well d well on 2-7 Held 0 | '250' - 7372' w/90 1 & swab line par & sand line part '/8" tbg. & set pk bk. Removed BOP & | 000 gal. Surf rted. TOH w/ ced. TOH w/p cr. at 7173'. | actant gell tbg. recove kr. recover Pumped 10 | ed ring ing | |
| Test of 7-17-97: Flowed Tbg. pr | 96 b.o., 3 b.w., & 1 ess. 85 PSI & csg. pr | | | on 2" full o | pen choke. | | |
| I hereby certify that the information above is true | e and complete to the best of my ki | nowledge | and belief. | | | | |
| SIGNATURE Rall hall | - L | _ TITL | E Admin. Svc. Coc | ord. | DATE | 7-21-97 | 7 |
| TYPE OR PRINT NAME R. L. Wheeler. | Jr. | | | | TELEPHONE NO. | 915 758- | 6778 |
| (This space for State Use) | $\overline{}$ | | OIL & GA | S INSPEC | TOR | | |