

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

OIL CONSERVATION DIVISION

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

WELL API NO.	30-025-33944
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	SELBY MAVEETY
8. Well No.	3
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>K</u> : <u>2310</u> Feet From The <u>SOUTH</u> Line and <u>1650</u> Feet From The <u>WEST</u> Line Section <u>35</u> Township <u>19 S</u> Range <u>36 E</u> NMPM <u>LEA</u> County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3609' 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.

WATER @ 9 BBL/MIN. FINAL CIRC W/ 2000 PSI. BUMP PLUG W/ 3800 PSI & CLOSE STAGE TOOL @ 9:15 AM MST W/ GOOD RETURNS. NU NAT NSB 7-1/16" 3M x 11" 3M TBG HD. TEST W/ 2500 PSI, OK. RELEASE RIG & TURNED OVER TO PRODUCTION.

I

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 DRILLING DATE 05-23-97
TYPE OR PRINT NAME MIKE JUMPER TELEPHONE NO. (713)609-4846

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE MAY 28 1997
CONDITIONS OF APPROVAL, IF ANY: