

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.	30-025-34005
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
8. Well No.	15
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 0 : 990 Feet From The SOUTH Line and 2310 Feet From The EAST Line
5. Section 26 Township 19 S Range 36 E NMPM LEA County	10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3664' GR.

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

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: RUNNING PRODUCTION CASING <input checked="" type="checkbox"/>	

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.

06-28-97: RU BULL ROGERS CSG CREW & RUN 179 JTS OF 5-1/2" 15.5#, J55, 8RL, SMLS, R3, 'A' CSG SET @ 7550', SHOE @ 7548', FC @ 7464', ECP/STAGE TOOL @ 7123'-7121'. RAN 62 TURBOLIZERS & 42 CENTRALIZERS. WASH 30' TO BOTTOM & CIRC CSG. CMT W/ HOWCO: 1ST STAGE. PUMP 50 BBL MUD FLUSH + 125 SX OF CLASS 'H' + 1-1/2#/SX SALT + .4% HALAD 9 + 1/4#/SX CF (15.7#-1.18). DISPLACE W/ 178 BBL FRESH WATER/MUD @ 7.5 BBL/MIN. FINAL CIRC W/ 400 PSI. BUMP PLUG W/ 1000 PSI @ 11:00 PM MST. FLOATS HELD OK. GOOD RETURNS RECIPROCATATE CSG.

06-29-97: DROP BOMB & INFLATE PACKER. OPEN STAGE TOOL W/ 1600 PSI & CIRC CSG. CIRC 40 SX CMT TO PIT. CMT 2ND STAGE: PUMP 200 BBL TREATED BRINE WATER AHEAD OF 900 SX CLASS 'H' + 50/50 POZ + 8#/SX SALT + 1/4#/SX CF (14.1#-1.42). TAIL W/ 175 SX CLASS 'H' + 1-1/2#/SX SALT + .4% HALAD 9 + 1/4#/SX CF (15.7#-1.18). DISPLACE W/ 169 BBL FRESH (CONTINUED ON 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 DRILLING DATE 06-30-97
TYPE OR PRINT NAME MIKE JUMPER TELEPHONE NO. 713-609-4846

(This space for State Use)

ORIGINAL SIGNED BY CHRIS WILLIAMS
DISTRICT I SUPERVISOR

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

JUL 7 1997

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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.

06-29-97: WATER @ 8 BBL/MIN. FINAL CIRC W/ 2000 PSI. BUMP PLUG & CLOSE STAGE TOOL W/ 4000 PSI @ 5:00 AM MST. W/ GOOD RETURNS.
06-30-97: NU OTC TCM 7-1/16" 3M x 11" 3M TBG HD. TEST W/ 2500 PSI. OK.
TURNED OVER TO PRODUCTION.

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

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TYPE OR PRINT NAME MIKE JUMPER TELEPHONE NO. 713-609-4846

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APPROVED BY _____ TITLE _____ DATE Jul 7 1997
CONDITIONS OF APPROVAL, IF ANY: _____