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 Office				
DISTRICT I P.O. Box 1980, Hobbs NM 88241-1980	OIL CONSERVATION DIVISION 2040 Pacheco St. Santa Fe, NM 87505		WELL API NO.	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210			30-025-34292 5. Indicate Type of Lease STATE FEE X	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No.	
SUMPRY MOTICES	AND DEDODTS ON WELL	<u> </u>	N/A 	
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 WELL OTHER			J.W. Cooper	
2. Name of Operator			8. Well No.	
Amerada Hess Corporation			5	
3. Address of Operator P.O. Box 2040 Houston, TX 77252-2040			9. Pool name or Wildcat Wildcat/Strawn	
4. Well Location	<u> </u>		1 W T G G G T S C T G W T	
1	eet From The North	Line and 19	78 Feet From The East Line	
Section 3	ownship 20 S Ra	_{nge} 37 E	NMPM Lea County	
	10. Elevation (Show whether		Title to	
11. Check Approx	oriate Box to Indicate		Report or Other Data	
The second secon			SEQUENT REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING	
[V]	CHANGE PLANS	COMMENCE DRILLING		
PULL OR ALTER CASING		CASING TEST AND CE		
OTHER:		OTHER:		
	(6)			
work) SEE RULE 1103.	s (Clearly state all pertinent det	aus, and give pertinent da	ites, including estimated date of starting any proposed	
03-06-98			THE COMMISSION MUST BE NOTIFIED 2 HOURS PRIOR TO THE BEGINNING OF	
TEMPORARY ABANDON			PLUGGING OPERATIONS FOR THE C-102 TO ME APPROVED.	
	s 'H' (15 6#-1 18) cm	t nlug from 8380'	- 8280'	
2. Pump & Set a 45 sx, class 'H', (15.6#-1.18) cmt plug from 6501' - 6401'.				
3. Pump & Set a 45 sx, clas	s 'H', (15.6#-1.18) cm	t plug from 4200'	- 4100'.	
RECEIVED PLUGGING PROCEDURE	FROM PAUL KAUTZ WITH TH	HE NM OIL CONSERVA	ATION 3-6-98. (30 Day Temporary Abnd.)	
I hereby certify that the information above is true and	complete to the best of my knowledge	e and belief.		
SIGNATURE Depunded	тп	LE Adm. Supervison	r Drilling Svs. DATE 03-11-98	
TYPE OR PRINT NAME MIKE JUMPER			TELEPHONE NO. (713)609-4846	
(This space for State Use) IGINAL SIGNED B DISTRICT I SU	Y CHRIS WILLIAMS JPERVISOR	-	Abb 2 c libe	
APPROVED BY	* "	LE	DATE	
CONDITIONS OF APPROVAL, IF ANY:				

