| Office  | Stat   | e of New IVI                   |  |  | D t.                     | FOIIII C-                   |                    |
|---|--|--------------------------------|--|--|--------------------------|-----------------------------|--------------------|
| District I  | Energy, Min  | erals and Nati                 | ural Resources                         | WELL ADI NO                                |                          | ed March 25,                | 1999               |
| 1625 N. French Dr., Hobbs, NM 88240   |  |                                |  | WELL API NO                                |                          |                             |                    |
| District II 1301 W. Grand Ave., Artesia, NM 88210 OIL CONSERVATION DIVISION               |  |                                |  | 30-025-35181                               |                          |                             |                    |
| District III 1220 South St. Francis Dr.   |  |                                |  | 5. Indicate Type of Lease                  |                          |                             |                    |
| 1000 Rio Brazos Rd., Aztec, NM 87410  |  |                                |  | STATE X FEE   6. State Oil & Gas Lease No. |                          |                             |                    |
| District IV 1220 S. St. Francis Dr., Santa Fe, NM   |  |                                |  | 6. State Oil & Gas Lease No.  B1431-3      |                          |                             |                    |
| 87505   |  |                                |  | D14  | 131-3                    |                             |                    |
| SUNDRY NO<br>(DO NOT USE THIS FORM FOR PRO<br>DIFFERENT RESERVOIR. USE "APP               | OTICES AND REPOR<br>POSALS TO DRILL OR TO<br>PLICATION FOR PERMIT  | O DEEPEN OR PL                 | JUG BACK TO A                          | 7. Lease Nam                               | e or Unit A              | greement Na                 | ame:               |
| PROPOSALS.)   |  |                                |  | North Mor                                  | nument G/S               | SA Unit                     |                    |
| 1. Type of Well:  | Troitin Transment Of Bit Cint  |                                |  |  |                          |                             |                    |
| Oil Well X Gas Well   | 5 YY 11 NY   |                                |  |  |                          |                             |                    |
| 2. Name of Operator   | 7. Well No.  |                                |  |  |                          |                             |                    |
| Amerada Hess Corporation  |  |                                |  | 930  |                          |                             |                    |
| 3. Address of Operator P. O. Boy 840 Seminals, Toyon 70360                                |  |                                |  | 8. Pool name or Wildcat                    |                          |                             |                    |
| P. O. Box 840, Seminole, Texas 79360  4. Well Location                                    |  |                                |  | Eunice Monument G/SA                       |                          |                             |                    |
| 4. Well Location  |  |                                |  |  |                          |                             |                    |
| Unit Letter N   | : 224feet fro  | m the <u>Soutl</u>             | nline and                              | 2443 feet fro                              | om the                   | Westline                    | e                  |
| Section 25  | Township   | 19S                            | Range 36E                              | NMPM                                       | Lea                      | County                      |                    |
|   |  |                                | OR, RKB, RT, GR, etc                   |  | 200                      | county                      |                    |
|   | ,  |                                | ,,,,                                   |  |                          |                             |                    |
| 11. Checl   | k Appropriate Box  | to Indicate N                  | Nature of Notice.                      | Report or Oth                              | er Data                  |                             |                    |
|   | INTENTION TO:  |                                |  | SEQUENT P                                  |                          | OF:                         |                    |
| PERFORM REMEDIAL WORK [   |  | NDON 🗆                         | REMEDIAL WOR                           |  |                          | ING CASING                  | 3 🗆                |
|   | CHANGE PLANS   |                                | COMMENCE DR                            | ILLING OPNS.                               |                          | AND<br>ONMENT               |                    |
| PULL OR ALTER CASING [  | MULTIPLE COMPLETION  |                                | CASING TEST AI<br>CEMENT JOB           | ND [                                       | ]                        |                             |                    |
| OTHER:  |  |                                | OTHER:                                 |  |                          |                             | П                  |
|   | atad aparations (Class   |                                |  |  |                          |                             |                    |
| <ol> <li>Describe proposed or comple<br/>starting any proposed work).</li> </ol>          | cied operations. (Clear  | riy state ali pen              | unem details, and gi                   | ve pertinent date                          | s, including             | estimated d                 | iate of            |
| recompilation.  | SEE ROLE 1103. 10  | Multiple Coll                  | ipienons. Attach we                    | embore diagram c                           | or proposed              | completion                  | OF                 |
| 9-10 thru 9-11-2002   |  |                                |  |  |                          |                             |                    |
| 7 77 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7  |  |                                |  |  |                          |                             |                    |
| MIRU Aries Well Svc. pulling un 3924'. TIH w/2-7/8" tbg. set OE continued producing well. | it & TOH w/rods & pu<br>at 3910'. Removed Bo   | ımp. Removed<br>OP & installed | wellhead, installed wellhead. Re-ran p | BOP & TOH w/ump & rods. RD                 | tbg. TIH w<br>PU, cleane | /7" CIBP se<br>d location & | t at               |
| continued producing wen.  |  |                                |  |  | 15000                    | 200                         |                    |
|   |  |                                |  | ,  | 165000                   | 1, 20                       |                    |
|   |  | 1                              |  | /1   | •                        | \ \ <u>\</u>                | /                  |
|   |  |                                |  | /49  |                          |                             | $\Rightarrow \int$ |
|   |  | /                              |  | Water Company                              | 6/4                      | •                           |                    |
|   | This Appro   | 113 /                          | •                                      | - 1 ± 1 ± 1 ± 1 ± 1 ± 1 ± 1 ± 1 ± 1 ± 1    | *                        | <b>\</b>                    |                    |
|   | Abandonmen   | Ani of 150                     | porary /                               | 1 6 J.E.                                   | 1                        | wig<br>V                    |                    |
| •   | The state of the s | - cyhile?                      | 1045                                   | 07   |                          |                             |                    |
|   |  | \                              | 11913                                  | - Committee                                | Ę.                       |                             |                    |
|   |  |                                |  |  |                          |                             |                    |
| I hereby certify that the information   | on above is true and co  | mplete to the h                | est of my knowledge                    | e and belief.                              |                          | <del></del>                 |                    |
| (1 01.21  | 11   |                                | ,sug                                   |  |                          |                             |                    |
| SIGNATURE Voy MILLIAN   | alf  | TITLE                          | Bus, Svc. Spec. II                     | DATE_                                      | Septembe                 | r 24, 2002                  |                    |
| / -   |  |                                |  |  |                          | <del></del>                 |                    |
|   | oy L. Wheeler, Jr.   |                                | Te                                     | elephone No.                               | 915 758-6                | 778                         |                    |
| (This space for State use)  |  |                                |  |  |                          |                             |                    |
|   |  | ONGINAL S                      | icheð ey                               |  | 0                        | CT 1 00 7                   | ጣማማ                |
| APPPROVED BY  |  |                                |  |  |                          |                             | ,,                 |
| Conditions of approval, if any:   |  | GARITWE W                      | INK                                    |  | DAJE                     | לו בל לו                    | 2                  |