Submit 3 Copies To Appropriate Dis Office		New Mexico		Form C-103	
District I		nd Natural Resources	WELLADING	Revised March 25, 1999	
1625 N. French Dr., Hobbs, NM 87240 District II OIL CONSEDIVATION DIVISION			WELL API NO. 30-025-	WELL API NO. 35181 30-025- 351671	
811 South First, Artesia, NM 87210 District III OIL CONSERVATION DIVISION 2040 South Pacheco				5. Indicate Type of Lease	
1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe. NM 87505			STATE 🗷	i	
District IV 2040 South Pacheco, Santa Fe, NM 87505				6. State Oil & Gas Lease No.	
(DO NOT USE THIS FORM FOR	NOTICES AND REPORTS (PROPOSALS TO DRILL OR TO D APPLICATION FOR PERMIT" (FO	EEPEN OR PLUG BACK TO	7. Lease Name or U	Jnit Agreement Name:	
Oil Well X Gas Well	SAN ANDRES UNIT				
2. Name of Operator			8. Well No.		
Amerada Hess Corporation	930				
3. Address of Operator P.O. Box 2040 Houston, TX 77252-2040				9. Pool name or Wildcat	
4. Well Location	EUNICE-MONUMENT	EUNICE-MONUMENT G/S ANDRES			
Unit Letter	: 224 feet from the	SOUTH line and		the WEST line	
Section 25					
23		9 S Range 36 E whether DR, RKB, RT, GR	NMPM	County LEA	
	<u> </u>	3616' CR.			
11. Ch	eck Appropriate Box to Ir	ndicate Nature of Notic	ce, Report, or Other 1	Data	
	INTENTION TO:		JBSEQUENT REP	ORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	I ☐ REMEDIAL WOR	к 🗆	ALTERING CASING [
TEMPORARILY ABANDON	☐ CHANGE PLANS	COMMENCE DRI	LLING OPNS.	PLUG AND ABANDONMENT	
PULL OR ALTER CASING	MULTIPLE COMPLETION	CASING TEST AN CEMENT JOB	ND X	ADANDONMENT	
OTHER:		OTHER: RUNNING	G PRODUCTION CASING	ſ	
11-14/00 thru 11-15-0 RU Bull Rogers Csg cr ran 13 centralizers. 350 sx class "C" + 1/ 6 bbl/min. Final circ	ork). SEE RULE 1103. For M ow & rum 94 Jts of 7" 23; Cmt w/ BJ 850 sx 35:65 Pc 4#/sx CF + 0.2% CD-32 + 0 w/ 1700 psi. Bump plug v to pit. Reciprocate csg.	Multiple Completions: Atta # & 20# J-55 L/F&C csg DZ + 6% Gel + 5#/sx sa D.6% FL-62 (14.8#-1.33	set @ 4055', shoe @ lt + 1/4#/sx CF (12)). Displace w/ 155]	4054', FC @ 3968', .6#-1.98). Tail w/ obls fresh water @	
I hereby certify that the information and SIGNATURE Type or print name Arm William (This space for State use) APPROVED BY	Williams	TITLE Sr. Staff Asso	xiate DA Telephone	No. (713)609-4838	
Conditions of approval, if any:		TITLE Orig. Signed Paul Gen	DA1	BUT S. V	