Submit 3 Copies To Appropriate District	- State of No		~	Form C-103
Office District I	E _k ₃ y, Minerals and	Natural Resources		Revised March 25, 1999
1625 N. French Dr., Hobbs, NM 87240 District II	OT GOVERNMEN		WELL API NO.	- 25625
811 South First, Artesia, NM 87210	OIL CONSERVATION DIVISION		30-025-35605 5. Indicate Type of Lease	
District III 1000 Rio Brazos Rd., Aztec, NM 87410	2040 South Pacheco Santa Fe, NM 87505		STATE [
District IV 2040 South Pacheco, Santa Fe, NM 87505	Jaina I C,	14141 67303	6. State Oil & Ga	
			N/A	is Lease No.
SUNDRY NOTION (DO NOT USE THIS FORM FOR PROPUBLIFERENT RESERVOIR. USE "APPLIF PROPOSALS.)	CES AND REPORTS ON OSALS TO DRILL OR TO DEI CATION FOR PERMIT" (FOR	EPEN OR PLUG BACK TO A		r Unit Agreement Name:
1. Type of Well:	1. Type of Well: Oil Well			/ GRAYBURG IT BLK 16, NO. 27
2. Name of Operator			8. Well No.	
Amerada Hess Corporation			325	
3. Address of Operator			9. Pool name or Wildcat	
P.O. Box 2040 Houston, TX 77252-2040 4. Well Location			EUNICE-MONUMENT G/S ANDRES	
Unit Letter	feet from the	NORTH line and	1465 feet fro	om the WEST line
Section 32	Township 19	s Range 37 E	NMPM	County LEA
	10. Elevation (Show wh	ether DR, RKB, RT, GR, et		
11 Check A	ppropriate Roy to Ind	3585' GR. icate Nature of Notice,	Daniel Cul	
NOTICE OF INTI	TPPTOPTIALE DOX TO THE			
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	SEQUENT RE	
_		!	Ц	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILL	ING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	MULTIPLE COMPLETION	CASING TEST AND CEMENT JOB	x	ABANDONWENT
OTHER:	•	OTHER: RUNNING	DDODESTATIONS OR OTHER	g X
12. Describe Proposed or Complete of starting any proposed work). or recompilation.	d Operations (Clearly state SEE RULE 1103. For Mu	all pertinent details, and o	ive pertinent dates i	ncluding estimated data
09-15-01 THRU 09-16-01	00			
RU Bull Rogers Csg crew & ran 13 centralizers. Cmt v 400 sx class "C" + 1/4#/sx bbl/min. Final circ w/ 120 returns. Reciprocate csg.	7/ BU 500 83 35:65 POZ 2 CF + 0.3% CD-32 + 0. 30 psi. Bump plug w/ 1	+ 6% Gel + 5#/sx salt 9% FL-62 (14.8#-1.37). 800 psi @ 22:00 hrs MS	: + 1/4#/sx CF (1 Displace w/ 94 T 09-16-01 Floa	2.6#-1.98). Tail w/ bbls fresh water @ 9
inoightouch obg.	NO WARLINGT MAC /-I/O	" x 11" 3m 1mg. Hd.	TURNED OVER TO P	RODUCTION
hereby certify that the information above i	s true and complete to the be	st of my knowledge and belief		
	1, 1, 9/1			
IGNATÚRE ////////////////////////////////////	Ullians.	TITLE Sr. Staff Associ	ateI	DATE <u>09/18/01</u>
ype or print name Arm Williams			Telepho	ne No. (713)609-4834
This space for State use)				1/15/009-4834
PPROVED BY_		TITLE ORIGINAL SIG	MED BY	STE OF SAME
Conditions of approval, if any:	· · · · · · · · · · · · · · · · · · ·	PAUL F. K	AUTZ	ATE \$574 2 5 2006
		PETROLEUM F	NGINEER	