

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLIC.
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER TA'd		5. LEASE DESIGNATION AND SERIAL NO. LC-031621B
2. NAME OF OPERATOR AMERADA HESS CORPORATION		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR DRAWER D, MONUMENT, NEW MEXICO 88265		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface UNIT A, 330' FNL & 330' FEL		8. FARM OR LEASE NAME MEXICO
14. PERMIT NO.		9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3564' DF		10. FIELD AND POOL, OR WILDCAT EUNICE-MONUMENT G/SA
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC. 18, T-20S, R-37E
		12. COUNTY OR PARISH LEA
		13. STATE NEW MEXICO

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) TEST CSG. <input checked="" type="checkbox"/>		(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

PLAN TO MIRU PULLING UNIT, INSTALL BOP & TOH W/TBG. TIH W/6-1/8" BIT TO \pm 3400' & TOH. TIH W/7" CIBP SET AT \pm 3400'. TIH W/7" PKR. & TEST CSG. IF LEAKS DETECTED, SQUEEZE W/ CLASS C NEAT CEMENT, DRILL OUT & TEST SQUEEZE. TIH W/TBG. SET AT \pm 3350'. CIRC. HOLE CLEAN W/TREATED WATER & TEST CSG. TO 500# FOR 15 MIN. CONTINUE TA'd STATUS.

RECEIVED
APR 19 10 06 AM '91
CARLOS J. GARCIA
AREA HEADQUARTERS

18. I hereby certify that the foregoing is true and correct

SIGNED R. L. White, Jr. TITLE SUPV. ADM. SVC. DATE 4/17/91

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE 4/20/91
CONDITIONS OF APPROVAL, IF ANY:

Notify BLH ---

*See Instructions on Reverse Side