

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL  
(Other instructions  
verse side)

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

5. LEASE DESIGNATION AND SERIAL NO.

LC 031621 (B) ✓

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Mexico ✓

9. WELL NO.

2 ✓

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 13. STATE

Lea

N.M.

1.

OIL WELL ☐ GAS WELL ☐ OTHER

TA'd

2. NAME OF OPERATOR

Amerada Hess Corporation

3. ADDRESS OF OPERATOR

Drawer D, Monument, New Mexico 88265

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*

See also space 17 below.)  
At surface

Unit G, 1980' FNL & 1980' FEL ✓

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3,565' RKB

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"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

PULL OR ALTER CASING

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREAT

MULTIPLE COMPLETION

SHOOT OR ACIDIZE

ABANDON\*

REPAIR WELL

CHANGE PLANS

(Other)

csg. test

X

WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

ALTERING CASING

ABANDONMENT\*

(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 & TIH w/CIBP set 50' above top perf. Top perf. at 3,550'. Load csg. & press. test to 500# for 30 min. Remove BOP & install well head. RDPU & clean location. TA well (IF CASING PASSES THE PRESSURE TEST).

SUBMIT A REQUEST FOR T.A. APPROVAL (ENCLOSE PRESSURE TEST CHART WITH YOUR REQUEST).

\* NOTIFY BLM AT 393-3612 PRIOR TO TESTING THE CASING.

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

SIGNED

*R. L. Whaley Jr.*

TITLE

Supv. Adm. Svc.

DATE

10/17/91

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

10/29/91

CONDITIONS OF APPROVAL, IF ANY:

THIS IS NOT A T.A. APPROVAL.

\*See Instructions on Reverse Side