## Submit 3 Copies to Appropriate District Office

## State of New Mexico inerals and Natural Resources Department Energy

Form (	C-103
Revise	d 1-1-89

DISTRICT I P.O. Box 1980, Hobbs, NM 88240

CONDITIONS OF APPROVAL, IF ANY:

OIL CONSERVATION DIVISION

P.O. Box 2088

WELL API NO.

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DISTRICT II	Santa Fe, New Mexico 87504-2088		30-025-06966		
C. Diawei DD, Aresia, NM 88210		5. Indicate Type of Lease  STATE FEE X			
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410		6. State Cil & Gas Lease No.			
SUNDRY NOTICE	ES AND REPORTS ON WEL	LS			
( DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			7. Lease Name or Unit Agreement Name		
1. Type of Well: OIL GAS WELL WELL	C.I. OTHER		J. G. Hare		
Name of Operator     AMERADA HESS CORPORATION	N		8. Well No. 6		
3. Address of Operator DRAWER D, MONUMENT, NEW	MEXICO 88265		9. Pool name or Wildcat CARY MONTOYA		
4. Well Location					
Unit Letter <u>L</u> : 1980	Feet From The SOUTH	Line and760	Feet From The WEST Line		
Section 33	Township 21S Ra  10. Elevation (Show whether	inge 37E	NMPM LEA County		
	3462' DF	•			
11. Check Ap	propriate Box to Indicate N	Nature of Notice, Re	eport, or Other Data		
NOTICE OF INTE	NTION TO:		SEQUENT REPORT OF:		
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING		
TEMPORARILY ABANDON X	CHANGE PLANS	COMMENCE DRILLING	OPNS. PLUG AND ABANDONMENT		
PULL OR ALTER CASING		CASING TEST AND CE	MENT JOB		
OTHER:		OTHER:			
<ol> <li>Describe Proposed or Completed Operation work) SEE RULE 1103.</li> </ol>	s (Clearly state all pertinent details, an	d give pertinent dates, includ	ing estimated date of starting any proposed		
w/o≥ cibr a pkr. Set (	$_{\rm LIBP}$ at $\pm$ /160%. Pres	ss. Test CIBP 1	OH w/tbg. & md. R pkr. TIH to 2500#. Dump 35' cement		

On top CIBP to abandon Cary Montoya zone. TIH  $w/5\frac{1}{2}$ " CIBP & pkr., set CIBP at  $\pm$  6950'. Press. Test CIBP to 2500#. Dump 35' cement on top CIBP to abandon ABO zone. Load & press. Test csg. to 500 # for 30 min. Obtain chart. Circ. well w/trt. fluid. Remove BOP & install wellhead. RDPU, clean location & TA well.

I hereby certify that the information above is true and complete to the best of my know	viedae and helief	
SIGNATURE R Clibelle, Ja	SUPV. ADM. SVC.	DATE 12-1-92
TYPE OR PRINT NAME R. L. WHEELER, JR.		TELEPHONE NO. 393-2144
(This space for State Use) (TOTAL ALL SHONED BY JERRY SEXTON		DEC 07'99
APPROVED BY	TITLE	DATE