

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

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

**OIL CONSERVATION DIVISION**  
310 Old Santa Fe Trail, Room 206  
Santa Fe, New Mexico 87503

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.  
30-025-07780

5. Indicate Type of Lease  
STATE  FEE

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

FRED TURNER 'B'

8. Well No.  
1

9. Pool name or Wildcat  
NADINE PADDOCK BLINEBRY WEST

**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'  
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:  
OIL WELL  GAS WELL  OTHER

2. Name of Operator  
AMERADA HESS CORPORATION

3. Address of Operator  
P.O. BOX 840, SEMINOLE, TEXAS 79360

4. Well Location  
Unit Letter E : 1980 Feet From The NORTH Line and 1980 Feet From The WEST Line

Section 17 Township 20S Range 38E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
3566' DF

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

- PERFORM REMEDIAL WORK
- TEMPORARILY ABANDON
- PULL OR ALTER CASING
- OTHER: COMPLETION
- PLUG AND ABANDON
- CHANGE PLANS

SUBSEQUENT REPORT OF:

- REMEDIAL WORK
- COMMENCE DRILLING OPNS.
- CASING TEST AND CEMENT JOB
- OTHER:
- ALTERING CASING
- PLUG AND ABANDONMENT

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

6/19/00 MIRU WIRELINE. RUN BONDLOG WITH CCL. PERFORATE BLINEBRY ZONE SELECTIVELY. PICKLE TUBING WITH 500 GALS 15% HCL. TREAT PERFORATIONS WITH 4,500 GALS. 15% ACID. PERFORM 200,000 LB. SAND FRAC. SWAB TEST WELL.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Duwayne Perry TITLE SR. PROFESSIONAL ENGINEER DATE 6/13/00

TYPE OR PRINT NAME DUWAYNE PERRY TELEPHONE NO. 915-758-6714

(This space for State Use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: