

NEW MEXICO OIL CONSERVATION COMMISSION

Form O-103
Supersedes O-101
O-102 and O-103
Effective 1-1-73

| | |
|-------------|--|
| FILE | |
| PRODUCTION | |
| PL | |
| FILE | |
| DESIG. | |
| LAND OFFICE | |
| OPERATOR | |

| |
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| 5a. Indicate Type of Lease |
| State <input checked="" type="checkbox"/> Per <input type="checkbox"/> |
| 5. State Oil & Gas Lease No. |
| E-393 |

SUNDY 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.

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|--|--|
| 1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER | 7. Unit Agreement Name |
| 2. Name of Operator Amerada Hess Corporation | 8. Farm or Lease Name State WE "F" |
| 3. Address of Operator Drawer "D", Monument, New Mexico 88265 | 9. Well No. 3 |
| 4. Location of Well UNIT LETTER <u>K</u> <u>3225.5</u> FEET FROM THE <u>North</u> LINE AND <u>1980</u> FEET FROM THE <u>West</u> LINE, SECTION <u>1</u> TOWNSHIP <u>21-S</u> RANGE <u>35-E</u> NMPM. | 10. Field and Pool, or Wildcat Monument |
| 15. Elevation (Show whether DF, RT, GR, etc.) 3564' DF | 12. County Lea |

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 ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐
OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☐
OTHER ☐
ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

17. 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.

Pulled production equipment. Perforated 5-1/2" casing with one shot at: 3832', 3836', 3837', 3838', 3839', 3840', 3841', 3842', 3843', 3845. Ran tubing and packer. Acidized 5-1/2" casing perforations 3822' to 3860' with 2000 gals. 15% NE acid with 55 gals. Baroid H-35 and with Benzoic acid flakes and rock salt as diverter. Swab tested. Reran production equipment and resumed production. No change in well status.

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

SIGNED MD Black TITLE Supvr., Admin. Services DATE 2-4-74

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: