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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease
State [X]   Fee [ ]

5. State Oil & Gas Lease No.
B-85

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.
OIL WELL [ ]   GAS WELL [X]   OTHER-

2. Name of Operator
Amerada Hess Corporation

3. Address of Operator
Drawer "D", Monument, New Mexico 88265

4. Location of Well
UNIT LETTER __L__, __660__ FEET FROM THE __West__ LINE AND __1980__ FEET FROM
THE __South__ LINE, SECTION __16__ TOWNSHIP __21-S__ RANGE __37-E__ NMPM.

7. Unit Agreement Name

8. Farm or Lease Name
State D "A" Gas Com.

9. Well No.
1

10. Field and Pool, or Wildcat
Eumont Queen

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

12. County
Lea

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK [XX]
TEMPORARILY ABANDON [ ]
PULL OR ALTER CASING [ ]
PLUG AND ABANDON [ ]
CHANGE PLANS [ ]
OTHER_____ [ ]

SUBSEQUENT REPORT OF:

REMEDIAL WORK [ ]
COMMENCE DRILLING OPNS. [ ]
CASING TEST AND CEMENT JOB [ ]
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.

Plan to: Squeeze Queen gas zone from 3500' to 3590'. Aban don Eumont Queen zone.

Drill out cement. Treat Drinkard zone. If non commercial, set BP and

abandon Drinkard zone. Perforate Grayburg oil zone from 3670' to

3800'. Acidize and swab test. If necessary gell water frac perforations.

Run production equipment and resume production.

NOTE: Well is presently dual complted with Eumont gas zone T.A. and

Drinkard zone producing.

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

SIGNED _____ TITLE Supver., Admin. Services DATE 11-27-74

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: