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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 <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Amerada Hess Corporation	8. Farm or Lease Name State D "A"
3. Address of Operator Drawer "D", Monument, New Mexico 88265	9. Well No. 1 5
4. Location of Well UNIT LETTER I 1980 FEET FROM THE South LINE AND 330 FEET FROM THE East LINE, SECTION 16 TOWNSHIP 21-S RANGE 37-E NMPM.	10. Field and Pool, or Wildcat Blinebry
15. Elevation (Show whether DF, RT, GR, etc.) 3474' DF	12. County Lea

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input type="checkbox"/>

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 1703.

Revised Workover Plan -

Plan to: Set bridge plug at approx. 5700'. Perforate Paddock zone from approx. 5356' to 5386'. Swab test. If necessary acidize and frac. Perforate Eumont gas zone and treat if necessary.
Dual complete in Eumont & Paddock zones.

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

SIGNED MDP Blush TITLE Supver., Admin. Services DATE 3-11-75

APPROVED BY Joe D. Blush TITLE Supver., Admin. Services DATE 3-11-75
CONDITIONS OF APPROVAL See Rule 1703

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3. Address of Operator Drawer "D", Monument, New Mexico 88265
4. Location of Well UNIT LETTER <u>I</u> , <u>1980</u> FEET FROM THE <u>South</u> LINE AND <u>330'</u> FEET FROM THE <u>East</u> LINE, SECTION <u>16</u> TOWNSHIP <u>21-S</u> RANGE <u>37-E</u> NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 3474' DF

7. Unit Agreement Name
8. Farm or Lease Name State D "A"
9. Well No. 5
10. Field and Pool, or Wildcat Blinebry
12. County Lea

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input type="checkbox"/>

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 1703.

Plan to: Squeeze Blinebry zone perforations 5783' to 5956'. Drill out cement and perforate Tubb zone from 6100' to 6300'. Acidize and Fracwith gelled water. Rerun production equipment and restore well to producing status.

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

SIGNED <u>[Signature]</u>	TITLE <u>Supver., Admin. Services</u>	DATE <u>11-27-74</u>
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		