

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

# 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. OG-534
7. Unit Agreement Name
8. Farm or Lease Name State WE"K"
9. Well No. 1
10. Field and Pool, or Wildcat Osudo S. Wolfcamp
12. County Lea

## 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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator Amerada Hess Corporation
3. Address of Operator Drawer "D" - Monument, New Mexico 88265
4. Location of Well UNIT LETTER F 1980 FEET FROM THE West LINE AND 1980 FEET FROM THE North LINE, SECTION 15 TOWNSHIP 21-S RANGE 35-E NMPM.
15. Elevation (Show whether DF, RT, GR, etc.)

## 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 ☐

### SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐  
COMMENCE DRILLING OPNS. ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER T. A. ☒

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.

Dual completion - Morrow Gas and Wolfcamp Gas

Wolfcamp Gas closed in and T. A. June, 1968

Morrow Gas producing

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

SIGNED [Signature] TITLE Supvr. Admin. Services

DATE 10-11-74

APPROVED BY [Signature] TITLE Dist. I. Supr.

DATE 10-11-74

CONDITIONS OF APPROVAL, IF ANY: