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

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

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

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.
30-025-10011

5. Indicate Type of Lease STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

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.)

7. Lease Name or Unit Agreement Name
H. CORRIGAN

1. Type of Well:
OIL WELL ☐ GAS WELL ☐ OTHER TA

2. Name of Operator
AMERADA HESS CORPORATION

8. Well No.
6

3. Address of Operator
DRAWER D, MONUMENT, NEW MEXICO 88265

9. Pool name or Wildcat
~~EUNICE~~ BLINEBRY

4. Well Location
Unit Letter B : 2051 Feet From The EAST Line and 721 Feet From The NORTH Line

Section 4 Township 22S Range 37E NMPM LEA County

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

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	☐	PLUG AND ABANDON	☐	REMEDIAL WORK	☐	ALTERING CASING	☐
TEMPORARILY ABANDON	☒	CHANGE PLANS	☐	COMMENCE DRILLING OPNS.	☐	PLUG AND ABANDONMENT	☐
PULL OR ALTER CASING	☐			CASING TEST AND CEMENT JOB	☐		
OTHER:	☐			OTHER:			☐

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.

PLAN TO MIRU PULLING UNIT, REMOVE WELL HEAD & INSTALL BOP. TOH W/2-3/8" TBG. TIH W/5-1/2" GAUGE RING AND JUNK BASKET TO ± 5,540' & TOH. TIH W/5-1/2" CIBP & SET AT ± 5,540'. TIH W/PKR. & TEST CIBP TO 2000#. CIRC. HOLE W/TRT. FLUID. TEST CSG. TO 500# FOR 30 MIN. NOTE: CALL NMOCD 24 HRS. BEFORE TEST & OBTAIN CHART. REMOVE BOP & INSTALL WELL HEAD. RDPU & CLEAN LOCATION. TA WELL.

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

SIGNATURE R. L. Wheeler, Jr. TITLE SUPV. ADM. SVC. DATE 11/19/91

TYPE OR PRINT NAME R. L. WHEELER, JR. TELEPHONE NO. 393-2144

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: