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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease
State ☐ For ☒
5. 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.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐	7. Unit Agreement Name
2. Name of Operator Amerada Hess Corporation	8. Farm or Lease Name H. Corrigan
3. Address of Operator Drawer D, Monument, New Mexico 88265	9. Well No. 6
4. Location of Well UNIT LETTER <u>B</u> <u>2051</u> FEET FROM THE <u>East</u> LINE AND <u>721</u> FEET FROM THE <u>North</u> LINE, SECTION <u>4</u> TOWNSHIP <u>22S</u> RANGE <u>37E</u> N.M.P.M.	10. Field and Pool, or Wildcat Blinebry
15. Elevation (Show whether DF, RT, GR, etc.) 3466' DF	12. County Lea

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ OTHER ☐

SUBSEQUENT REPORT OF:

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

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.

August 26 to August 28, 1980 - Pulled rods, pump & tbg., Ran tbg. & pkr. & set pkr. at 5373'. Loaded tbg. & tested to 2500#. Held OK. Loaded csg. & press. to 500#. BJ acidized Blinebry zone thru 5-1/2" csg. perf. fr. 5597' to 5827' w/5000 gal. 15% NE one-shot acid using ball sealers. Swabbed load, re-ran tbg., pump & rods and resumed prod.

Test of 9-8-80: Pumped 7 b.o. & 40 b.w. in 24 hrs. on 6-64" SPM.

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

SIGNED E.B. Fisher TITLE Supv. Adm. Ser. DATE 9-10-80

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: