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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 type="checkbox"/>	Fee <input checked="" type="checkbox"/>
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 <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 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> NMPM.	10. Field and Pool, or Wildcat Blinebry
15. Elevation (Show whether DF, RT, GR, etc.)	12. County Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <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 1103.

Set C.I. Bridge Plug at 6675' with 20' cement cap.
Selectively perforated Blinebry Zone from 5597' to 5816' and completed as a
pumping oil well.

TEST: 12-9-75 24 Hrs. 45 B.O. 75 B.W. Gas 75 MCFPD.

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

SIGNED H.D. Porter TITLE Admin. Serv. Supv. DATE December 17, 1975

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

6744
5597
5816

RECEIVED

SEP 15 1976

OIL CONSERVATION COMM.
HOBBS, R. M.