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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 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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER- Dual		7. Unit Agreement Name
2. Name of Operator Amerada Hess Corporation		8. Farm or Lease Name A.B. Baker
3. Address of Operator Drawer "D", Monument, New Mexico 88265		9. Well No. 3
4. Location of Well UNIT LETTER I 2047 FEET FROM THE South LINE AND 639 FEET FROM THE East LINE, SECTION 10 TOWNSHIP 22-S RANGE 37-E NMPM.		10. Field and Pool, or Wildcat Blinebry Gas
15. Elevation (Show whether DF, RT, GR, etc.) 3390' DF		12. County Lea

16.

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 ☐
ALTERING CASING ☐
PLUG AND ABANDONMENT ☒
Blinebry Zone.

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.

Pulled tubing, PSI nipple & Baker latching sub. Ran ret. bridge plug and packer. Spotted 4 sx. sand on BP at 5650'. Halliburton squeezed Blinebry zone perforations 5390' to 5595' with 200 sx. Class "H" cement. Squeezed 100 sx. into formation, left 15 sx. in casing and reversed but 85 sacks. WOC 37 hrs. Drilled hard cement from 5264' to 5595'. Tested casing w/1000# f/1/2 hr. Held OK. Circulated hole clean. Blinebry zone P&A.

NOTE: This report for Blinebry zone only.

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

SIGNED MD Blach TITLE Supver., Admin. Services DATE 11-27-73

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: