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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 E.W. Walden
3. Address of Operator Drawer "D", Monument, New Mexico 88265	9. Well No. 2
4. Location of Well UNIT LETTER K, 2009 FEET FROM THE South LINE AND 1911 FEET FROM THE West LINE, SECTION 15 TOWNSHIP 22-S RANGE 37-E NMPM.	10. Field and Pool, or Wildcat Blinebry & Drinkard
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:

PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOBS <input type="checkbox"/>	
OTHER <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.

Plan to: Set Wireline plug in On & Off tool on Drinkard Zone, kill Blinebry Zone with treated water. Pull 2-3/8" tubing, run dual strings of tubing, with parallel anchor, pull Wireline plug, swab back Blinebry Zone through short string, and Drinkard through long string. Place both zones on production.

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

SIGNED H. D. Pacter TITLE Supvr., Admin. Services DATE 1/28/76

APPROVED BY [Signature] TITLE [Signature] DATE 1976

CONDITIONS OF APPROVAL, IF ANY: