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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.
7. Unit Agreement Name
8. Farm or Lease Name E.W. Walden
9. Well No. 6
10. Field and Pool, or Wildcat Drinkard & Tubb Oil
12. County Lea

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL, RE-DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL ☐ GAS WELL ☐ OTHER- Dual

2. Name of Operator
Amerada Hess Corporation

3. Address of Operator
Drawer "D", Monument, New Mexico 88265

4. Location of Well
UNIT LETTER M 731 FEET FROM THE South LINE AND 731 FEET FROM
THE West LINE, SECTION 15 TOWNSHIP 22-S RANGE 37-E NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)
3406' DF

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

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <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.

Dual completion: Drinkard Zone - Perfs. 6445' to 6470' - T.A.
Tubb Zone - Perfs. 6000' to 6180'.

Plan To: Drill out Model "D" packer at 6420'. Run Gamma Ray Neutron log. Perforate Drinkard zone and Tubb Zone as per logs. Acidize and frac as necessary. Set Baker Model "D" packer, Run Dual production equipment and resume production from Tubb and Drinkard zones.

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

SIGNED [Signature] TITLE Supver., Admin. Services DATE 3-14-75

APPROVED BY [Signature] TITLE DATE

CONDITIONS OF APPROVAL, IF ANY: