| RIBUTION                                | NEW MEXICO OIL CONSERVATION COMMISSION   | Form C-103<br>Supersedes Old<br>C-102 and C-103<br>Effective 1-1-65 |
|---|--|---|
| .s.                                     |  | 5a. Indicate Type of Lease  |
| DOFFICE                                 |  | State Fee X   |
| RATOR                                   |  | 5. State Oil & Gas Lease No.  |
|   | NOTICES AND REPORTS ON WELLS<br>DSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.<br>N FOR PERMIT | 7, Unit Agreement Numes   |
| OIL GAS WELL WELL                       | OTHER-   |   |
| 2. Nan.e of Operator                    | 8. Farm or Lease Name  |   |
| Amerada Hess Corp                       | E.W. Walden  |   |
| 3. Address of Operator                  | 9. Well No.  |   |
| Drawer "D", Monum                       | 6  |   |
| 4. Location of Well                     | 10. Field and Pool, or Wildcat   |   |
| UNIT LETTER M . 73                      | Tubb - Oil   |   |
|   |  |   |
|   | 15. Elevation (Show whether DF, RT, GR, etc.)<br>3406 ' DF   | 12. County<br>Lea   |
| <sup>16.</sup> Check At                 | oppropriate Box To Indicate Nature of Notice, Report   | or Other Data   |
| NOTICE OF INT                           |  | UENT REPORT OF:   |
| PERFORM REMEDIAL WORK                   | PLUG AND ABANDON   | ALTERING CASING   |
| OTHER                                   | other  |   |
| 17. Describe Proposed or Completed Oper | anona totearty state at pertinent details, and give pertinent dates, in  | inuting estimated date of starting any proposed                     |

 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.

Acidized 5-1/2" casing perforations 6000' to 6180' with 5000 gals.

15% NE acid. Swab tested. Resumed production.

No change in status.

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

| SIGNED MOBlack                          |   | JULLE Supver., Admin. Services |       | 8-20-74 |  |
|---|---|--------------------------------|-------|---------|--|
| APPROVED BY<br>C ONDITIONS OF APPROVAL, | Orio Signed by<br>Joe D. Rataer<br>IF ANY: Dist. I, Supr. | TITLE                          | DATE_ |         |  |