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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. Wood	
9. Well No. 8	
10. Field and Pool, or Wildcat Drinkard	
12. County Lea	

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-	2. Name of Operator Amerada Hess Corporation
3. Address of Operator Drawer "D", Monument, New Mexico 88265	4. Location of Well UNIT LETTER <u>B</u> , <u>510</u> FEET FROM THE <u>North</u> LINE AND <u>2280</u> FEET FROM THE <u>East</u> LINE, SECTION <u>22</u> TOWNSHIP <u>22-S</u> RANGE <u>37-E</u> N.M.P.M.
15. Elevation (Show whether DF, RT, GR, etc.) 3278' DF	16. 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 run Gamma Ray-Compensated Neutron log from 2750' to 6400'.
Selectively perforate upper Drinkard zone, subject to log. Acidize
and if necessary frac with gelled water. Run production equipment
and test gas zone.

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

SIGNED Joe D. Ramey TITLE Supver., Admin. Services DATE 6-11-74

APPROVED BY Joe D. Ramey TITLE Dist. I, Supv. DATE 6-11-74

CONDITIONS OF APPROVAL, IF ANY: