

DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION

Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
B-934-13	

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 - 1" (FORM C-101) FOR SUCH PROPOSALS.)

1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		7. Unit Agreement Name
2. Name of Operator Amerada Hess Corporation, Att: Drilling Services		8. Farm or Lease Name State P "A"
3. Address of Operator P.O. Box 2040, Tulsa, Oklahoma		9. Well No. 3
4. Location of Well UNIT LETTER <u>B</u> <u>2100</u> FEET FROM THE <u>East</u> LINE AND <u>660</u> FEET FROM THE <u>North</u> LINE, SECTION <u>17</u> TOWNSHIP <u>22S</u> RANGE <u>37E</u> NMPM.		10. Field and Pool, or Wildcat Drinkard
15. Elevation (Show whether DF, RT, GR, etc.) GR. 3399.4' ungraded		12. County Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER <u>Name and Well Number change</u> <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <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.

Original Name and Number: State P "A" Tr. ¹, Well #1

Change to: State P "A", Well #3

Change of well name and number was due to well being on same lease as well #1 & Well #2

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

SIGNED E. L. Griffin TITLE Supervisor Tech/Drlg. Adm. Ser. DATE Jan. 16, 1976

APPROVED BY Larry Barton TITLE Dist. 1, Superv. DATE Jan 16, 1976

CONDITIONS OF APPROVAL, IF ANY: