

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-025-26613 ✓
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B934
7. Lease Name or Unit Agreement Name STATE PA
8. Well No. 5
9. Pool name or Wildcat EUMONT YATES 7RQ
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3425' GL

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. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	2. Name of Operator AMERADA HESS CORPORATION	3. Address of Operator DRAWER D, MONUMENT, NEW MEXICO 88265	4. Well Location Unit Letter <u>N</u> : <u>780</u> Feet From The <u>SOUTH</u> Line and <u>1980</u> Feet From The <u>WEST</u> Line Section <u>18</u> Township <u>22S</u> Range <u>37E</u> NMPM <u>LEA</u> County
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data			

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

12. 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.

1-12 THRU 1-14-93

MIRU RAM WELL SVC. PULLING UNIT. REMOVED WELLHEAD. REMOVED 2-3/8" X 4' SUB. REPLACED 2-3/8" X 6" 600 HANGER FLANGE W/1-1/2" X 6" 600 HANGER FLANGE. INSTALLED WELLHEAD & SWABBED WELL. RDPV & CLEANED LOCATION. INSTALLED PLUNGER LIFT EQUIPMENT & RESUMED PROD WELL. WELL STATUS CHANGED FR. FLOWING TO PRODUCING BY PLUNGER LIFT.

TEST OF 1-21-93: PROD. 61 MCFGPD IN 24 HRS.

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

SIGNATURE R. L. Wheeler, Jr. TITLE SUPV. ADM. SVC. DATE 2-10-93

TYPE OR PRINT NAME R.L. WHEELER, JR. TELEPHONE NO. (505) 393-2144

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

FEB 12 1993