Form 3160-5 (November 1983) (Formerly 9-331)	UNI D STATES DEPARTMEN OF THE INTERI BUREAU OF LAND MANAGEMENT DRY NOTICES AND REPORTS C	ON WELLS	Budget Bureau Expires August 5. LEASE DESIGNATION LCO30176 (B 6. IF INDIAN, ALLOTTER	31, 1985 AND BBRIAL NO.)
(Do not use this : 1. OIL GAB WELL WELL	7. UNIT AGREEMENT NAME C. C. Cagle "C"			
2. NAME OF OPERATOR Amerada Hess 3. Address of Operator	8. FARM OB LEASE NAME C. C. Cagle "C" 9. WBLL NO.			
Drawer D, Monument, N.M. 88265 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* Bee also space 17 below.) At surface 990' FNL, 990' FWL			1 10. FIELD AND POOL, OR WILDCAT Jalmat Yates 11. BPC., T., R., M., OR BLK. AND BURVEY OR AREA Sec. 3, T265, R37E	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF 3004' DF	, RT, GR, etc.)	12. COUNTY OF PARISE	
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: BUBBBQUENT BEFORT OF:				
TEST WATER SHUT-O FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other) 5-88.	ABANDON [®] CHANGE PLANS	WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZING (Other) (NOTE : Report results Completion or Recomp	ALTERING C ABANDONME of multiple completion letion Beport and Log fo	On Well

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and sones pertinent to this work.) *

AHC personnel checked tubing pressure at 1800# & casing pressure at 0# on the C. C. Cagle "C" #1. If El Paso Natural Gas Co. does not produce this well for one year, at the end of that time, the backside will be tested to 500# as per conversation with Shannon Shaw.

18. I hereby certify that SIGNED	the foregoing is true and correct	TITLE Petroleum Engineer	<u>DATE</u> <u>5-21-87</u>
(This space for Feder	al or State office use)		
APPROVED BY CONDITIONS OF AF	PROVALLIF ANY:	TITLE	

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*See Instructions on Reverse Side



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