

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Budget Bureau NO. 1004-0135
Expires August 31, 1985

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—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		7. UNIT AGREEMENT NAME C.C. Cagle "C"
2. NAME OF OPERATOR Amerada Hess Corporation		8. FARM OR LEASE NAME C.C. Cagle "C"
3. ADDRESS OF OPERATOR P.O. Box Drawer D Monument, N.M. 88265		9. WELL NO. 1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface		10. FIELD AND POOL, OR WILDCAT Jalmat Yates
14. PERMIT NO. 990' FNL, 990' FWL Sec. 3, T26S, R37E		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 3, T26S, R37E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3004' DF		12. COUNTY OR PARISH Lea
		13. STATE N.M.

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
(Other) ☐

PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
ABANDON* ☐
CHANGE PLANS ☐
Shut In ☒

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐
FRACTURE TREATMENT ☐
SHOOTING OR ACIDIZING ☐
(Other) ☐

REPAIRING WELL ☐
ALTERING CASING ☐
ABANDONMENT* ☐

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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 zones pertinent to this work.) *

The C.C. Cagle "C" #1 has been shut in by the purchaser El Paso Natural Gas due to economic conditions. It is requested this well be allowed to remain shut in until gas demands improve.

APPROVED FOR 6 MONTH PERIOD
ENDING 5/25/87

18. I hereby certify that the foregoing is true and correct

SIGNED Dorise Ward

TITLE Petroleum Engr.

DATE 11-18-86

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE 12-1-86

*See Instructions on Reverse Side

RECEIVED
DEC 3 1986
HOBBS OFFICE