

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate
(Other instructions on reverse side)

Form approved.
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 type="checkbox"/> OTHER <input checked="" type="checkbox"/> Injection Well		7. UNIT AGREEMENT NAME Langlie Mattix Woolworth Unit	
2. NAME OF OPERATOR Amerada Hess Corporation		8. FARM OR LEASE NAME	
3. ADDRESS OF OPERATOR Drawer D, Monument, New Mexico 88265		9. WELL NO. 707	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit P, 660' FSL, 660' FEL		10. FIELD AND POOL, OR WILDCAT Langlie Mattix 7RQ GB	
14. PERMIT NO.		11. SEC., T., R., M., OR S.W. 1/4, AND SURVEY OR AREA Sec. 27, T24S, R37E	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3212' GR		12. COUNTY OR PARISH Lea	
		13. STATE New Mexico	

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 ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐
FRACTURE TREATMENT ☐
SHOOTING OR ACIDIZING ☐
(Other) ☒ TA'd

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.)*

12-14-88

Closed all valves & TA'd well. Last bradenhead test conducted 10-11-88

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

SIGNED

R. L. Whaley Jr.

TITLE

Supv. Adm. Svc.

DATE

1-11-89

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

FOR RECORD

*See Instructions on Reverse Side

SJS
CAPITOL HILL, NEW MEXICO