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NEW MEXICO OIL CONSERVATION COMMISSION

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

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

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <u>Injection Well</u>		7. Unit Agreement Name
2. Name of Operator <u>Amerada Hess Corporation</u>		8. Farm or Lease Name <u>LMWU</u>
3. Address of Operator <u>Drawer D, Monument, New Mexico 88265</u>		9. Well No. <u>302</u>
4. Location of Well UNIT LETTER <u>H</u> <u>1980</u> FEET FROM THE <u>North</u> LINE AND <u>660</u> FEET FROM THE <u>East</u> LINE, SECTION <u>28</u> TOWNSHIP <u>24S</u> RANGE <u>37E</u> NMPM.		10. Field and Pool, or Wildcat <u>Seven Rivers Queen</u>
15. Elevation (Show whether DF, RT, GR, etc.)		12. County <u>Lea</u>

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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <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.

Pulled tbg. & packer. Ran casing scraper and cleaned out. Located and cement squeezed hole in casing. Drilled out and test squeezed. Reran production equipment and resumed injecting water.

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

SIGNED <u>H. O. Porter</u>	TITLE <u>Admin. Serv. Supv.</u>	DATE <u>1/29/76</u>
APPROVED BY <u>Jerry Sexton</u>	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		