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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. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- Injection Well		7. Unit Agreement Name
2. Name of Operator Amerada Hess Corporation		8. Farm or Lease Name *L M W U
3. Address of Operator Drawer "D", Monument, New Mexico 88265		9. Well No. 302
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>24 -S</u> RANGE <u>37-E</u> NMPM.		10. Field and Pool, or Wildcat 7 Rivers Queen.
15. Elevation (Show whether DF, RT, GR, etc.)		12. County Lea

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input 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.

Plan to Pull tubing and packer, Run casing scraper and clean out casing.
Locate and cement squeeze hole in casing, drill out and test squeeze.
Run production equipment, and return to injecting water.

* Langlie Mattix Woolworth Unit

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

SIGNED H. Porter TITLE Supvr., Admin. Services DATE 1/22/76

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: