

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

NEW MEXICO OIL CONSERVATION COMMISSION

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. B-1431	
7. Unit Agreement Name	
8. Farm or Lease Name State NJ "A"	
9. Well No. 3	
10. Field and Pool, or Wildcat Justis Fusselman - North	
12. County Lea	

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator Amerada Hess Corporation
3. Address of Operator Drawer "D", Monument, New Mexico 88265
4. Location of Well UNIT LETTER A 493 FEET FROM THE North LINE AND 690 FEET FROM THE East LINE, SECTION 2 TOWNSHIP 25-S RANGE 37-E NMPM.

15. Elevation (Show whether DF, RT, CR, etc.)

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <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 production equipment. Reran repaired rod string and resumed production.  
Status changed from T.A. to pumping oil well.

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

SIGNED [Signature] TITLE Supvr., Admin. Services DATE 11-1-74

APPROVED BY [Signature] TITLE  DATE

CONDITIONS OF APPROVAL, IF ANY: