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LAND OFFICE	
OPERATOR	

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 checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
7. Unit Agreement Name	
8. Farm or Lease Name	
State NJ "A"	
9. Well No.	
3	
10. Field and Pool, or Wildcat	
North Just's Fusselman	
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 Division - Amerada Hess Corporation
3. Address of Operator Box 591, Midland, Texas 79701
4. Location of Well
UNIT LETTER A FEET FROM THE North LINE AND 690 FEET FROM THE East LINE, SECTION 2 TOWNSHIP 25-S RANGE 37-E N.M.P.M.
15. Elevation (Show whether DF, RT, CR, etc.) 3170' DF

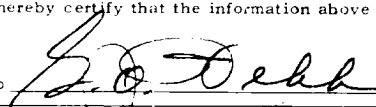
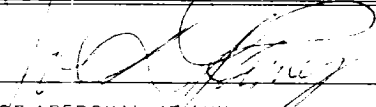
16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPS. <input type="checkbox"/>
PILL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> Change in Producing Status

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.

State NJ "A" #3 - 7245' TD - 7191 PBD - 3½" Csg perfs 7062 - 7092' - Fusselman Zone.

Well classification changed from producing by gas lift to a pumping oil well, pumped by a Beam pump, eff. 7-25-70.

NOTE: This well is a multiple completion.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNED 	TITLE Area Operations Manager	DATE 7-27-70
APPROVED BY 	TITLE SUPERVISOR DISTRICT	DATE 8-1-70
CONDITIONS OF APPROVAL, IF ANY:		

RECEIVED

JUL 3 1970

OIL CONSERVATION COMM.
10300 E. 11