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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  Fee  **XX**  
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- <b>T.A.</b>	7. Unit Agreement Name
2. Name of Operator <b>Amerada Hess Corporation</b>	8. Farm or Lease Name <b>Ida Wimberley</b>
3. Address of Operator <b>Drawer "D", Monument, New Mexico 88265</b>	9. Well No. <b>6</b>
4. Location of Well UNIT LETTER <b>F</b> , <b>1980</b> FEET FROM THE <b>North</b> LINE AND <b>1980</b> FEET FROM THE <b>West</b> LINE, SECTION <b>25</b> TOWNSHIP <b>25-S</b> RANGE <b>37-E</b> NMPM.	10. Field and Pool, or Wildcat <b>Justis Fusselman</b>
15. Elevation (Show whether DF, RT, GR, etc.)	12. County

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"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER <b>T.A. Extension</b> <input checked="" type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER _____ <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> PLUG AND ABANDONMENT <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 perforate and test Justis Glorieta gas zone.  
Request temp. abandon status be extended for one year.

*Expires 10-1-76*

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

SIGNED *[Signature]* TITLE Supver., Admin. Services DATE 9-29-75

APPROVED BY *[Signature]* TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
Geologist

CONDITIONS OF APPROVAL, IF ANY: