| DISTRIBUTION                                                                                                                                                                                            |                                                                                                                               | Form C-103 Supersedes Old                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| SANTA FE                                                                                                                                                                                                | NEW MEXICO OIL CONSERVATION COMMISSION                                                                                        | C-102 and C-103                                |
| FILE                                                                                                                                                                                                    | THE WEXICO OIL CONSERVATION COMMISSION                                                                                        | Effective 1-1-65                               |
| U.S.G.S.                                                                                                                                                                                                |                                                                                                                               |                                                |
| LAND OFFICE                                                                                                                                                                                             |                                                                                                                               | 5a. Indicate Type of Lease                     |
| OPERATOR                                                                                                                                                                                                | 1                                                                                                                             | State Fee X                                    |
| or enaron                                                                                                                                                                                               | J                                                                                                                             | 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.) |                                                                                                                               |                                                |
| USE "APPLICAT                                                                                                                                                                                           | ION FOR PERMIT - " (FORM C-101) FOR SUCH PROPOSALS.)                                                                          |                                                |
| OIL X GAS WELL                                                                                                                                                                                          | OTHER-                                                                                                                        | 7. Unit Agreement Name                         |
| 2. Name of Operator                                                                                                                                                                                     |                                                                                                                               | 8. Farm or Lease Name                          |
| Amerada Division Ame                                                                                                                                                                                    | erada Hess Corporation                                                                                                        | 1_                                             |
| 3. Address of Operator                                                                                                                                                                                  |                                                                                                                               | Ida Wimberly                                   |
| P. O. Drawer 817 - Se                                                                                                                                                                                   | uminolo Tours 70260                                                                                                           | 7                                              |
| 4. Location of Well                                                                                                                                                                                     | miliore, leads /9500                                                                                                          | 10. Field and Pool, or Wildcat                 |
| D                                                                                                                                                                                                       | 660 Wanth 000                                                                                                                 |                                                |
| UNIT LETTER,                                                                                                                                                                                            | 660 FEET FROM THE North LINE AND 990 FEET                                                                                     | Justis Fusselman                               |
| !                                                                                                                                                                                                       | 0.50                                                                                                                          |                                                |
| THE WEST LINE, SECTI                                                                                                                                                                                    | ON 25 TOWNSHIP 25S RANGE 37E                                                                                                  | NMPM.                                          |
| mmmmmm                                                                                                                                                                                                  | If Florettes (Show what DE DE CD                                                                                              |                                                |
|                                                                                                                                                                                                         | 15. Elevation (Show whether DF, RT, GR, etc.)                                                                                 | 12. County                                     |
|                                                                                                                                                                                                         |                                                                                                                               | Lea                                            |
| Check .                                                                                                                                                                                                 | Appropriate Box To Indicate Nature of Notice, Report o                                                                        | r Other Data                                   |
| NOTICE OF IN                                                                                                                                                                                            | ITENTION TO                                                                                                                   | UENT REPORT OF:                                |
|                                                                                                                                                                                                         |                                                                                                                               |                                                |
| PERFORM REMEDIAL WORK                                                                                                                                                                                   | PLUG AND ABANDON REMEDIAL WORK                                                                                                | ALTERING CASING                                |
| TEMPORARILY ABANDON                                                                                                                                                                                     | COMMENCE DRILLING OPNS.                                                                                                       |                                                |
| PULL OR ALTER CASING                                                                                                                                                                                    | CHANGE PLANS CASING TEST AND CEMENT JOB                                                                                       | PLUG AND ABANDONMENT                           |
|                                                                                                                                                                                                         |                                                                                                                               | emporarily Abandoned x                         |
| OTHER                                                                                                                                                                                                   |                                                                                                                               | important I mandoned                           |
|                                                                                                                                                                                                         |                                                                                                                               |                                                |
| <ol> <li>Describe Proposed or Completed Opwork) SEE RULE 1103.</li> </ol>                                                                                                                               | perations (Clearly state all pertinent details, and give pertinent dates, incl                                                | luding estimated date of starting any proposed |
| work) 322 NG22 1103.                                                                                                                                                                                    |                                                                                                                               |                                                |
| zone and temporarily                                                                                                                                                                                    | in seating nipple at 6848. Closed all val<br>abandon well effective 6-14-71. Status chan<br>tion in the Justis Drinkard Zone. | iged from a dual completed                     |
| 18. I hereby certify that the information                                                                                                                                                               | above is true and complete to the best of my knowledge and belief.                                                            |                                                |
| SIGNED Marion                                                                                                                                                                                           |                                                                                                                               |                                                |
|                                                                                                                                                                                                         | J. R. Enloe TITLE Region Manager                                                                                              | DATE June 16, 1971                             |
| APPROVED BY                                                                                                                                                                                             | J. R. Enloe TITLE Region Manager  SUPERVISOR DISTRIC                                                                          |                                                |

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