Submit 3 Copies to Appropriate District Office

## State of New Mexico Energy, . linerals and Natural Resources Department

Form C-163 Revised 1-1-89

DISTRICT I P.O. Box 1980, Hobbs, NM 88240	P.O. Box 2088 Santa Fe. New Mexico 87504-2088		WELL AM NO.
DISTRICT II P.O. Drawer DD, Artesia, NM 88210			5. Indicate Type of Lease
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410			STATE FEE X  6. State Oil & Gee Lesse 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.)			7. Lases Name or Unit Agreement Name
1. Type of Well: ORL GAS. WELL WELL		INJECTION	LANGLIE MATTIX WOOLWORTH UNIT
2 Name of Operator AMERADA HESS CORPORATION			8. Well No. 505
3. Address of Operator DRAWER D, MONUMENT, NI			9. Pool same or Wildow LANGLIE MATTIX 7RQ 🕒 3
4. Well Location Unit Letter C : 75	Feet From The NORTH	Line and2540	Peet From The EAST Line
Section 27	Towaship 24S	Range 37E	NIMPM LEA COUNTY
	10. Elevation (Show what 3262' DF	ther DF, RKB, RT, GR, etc.)	
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data			
NOTICE OF INT	_	<u> </u>	BSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON L	REMEDIAL WORK	ALTERING CASING
PULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND C	
OTHER:		OTHER: TA'D	
work) SEE RULE 1103.	· · · · · · · · · · · · · · · · · · ·		uding estimated date of starting any proposed
CLOSED ALL VALVES AND	TA'D WELL AS OF 8/4/8	38.	
LAST BRADENHEAD TEST WAS CONDUCTED ON 10/19/89.			
I hereby certify that the information above is true	and complete to the best of my knowledge	s and belief.	
SIGNATURE / Minel	Co Sh	SUPR. ADM. S	SER. DATE 12/13/90
TYPE OR PRINT NAME			ТЕLЕРНОМЕ NO. 393-2144
(This space for State Use)			
APPROVED BY CONDITIONS OF APPROVAL, IF ANY:		TITLE	DATE