

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved
Budget Bureau No. 1004-0135
Expires August 31, 1985

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—" for such proposals.)

1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>Injection Well</u>		5. LEASE DESIGNATION AND SERIAL NO. <u>LC 032326 b</u>	
2. NAME OF OPERATOR <u>Amerada Hess Corporation</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR <u>Drawer D, Monument, New Mexico 88265</u>		7. UNIT AGREEMENT NAME <u>Langlie Mattix Woolworth Unit</u>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) <u>At surface</u> <u>Unit H, 1950' FNL, 50' FEL</u>		8. FARM OR LEASE NAME	
14. PERMIT NO.		9. WELL NO. <u>710</u>	
15. ELEVATIONS (Show whether DF, RT, OR, etc.) <u>3218' DF</u>		10. FIELD AND POOL, OR WILDCAT <u>Langlie Mattix 7 RQ GB</u>	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec 27, T24S, R37E</u>	
		12. COUNTY OR PARISH <u>Lea</u>	
		13. STATE <u>New Mexico</u>	

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
(Other) ☐

PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
ABANDON* ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐
FRACTURE TREATMENT ☐
SHOOTING OR ACIDIZING ☐
(Other) ☐

REPAIRING WELL ☐
ALTERING CASING ☐
ABANDONMENT* ☐

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

12-14-88

Closed all valves & TA'd well. Last bradenhead test conducted 10-11-88.

18. I hereby certify that the foregoing is true and correct

SIGNED

[Signature]

TITLE

Supv. Adm. Svc.

DATE

1-11-89

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

RECEIVED

JAN 30 1989

OC
HOBBS OFFICE