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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 <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
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- <u>Inj.</u>		7. Unit Agreement Name
2. Name of Operator <u>Amerada Hess Corp.</u>		8. Farm or Lease Name <u>L.M.W.U.</u>
3. Address of Operator <u>Drawer D, Monument, New Mexico 88265</u>		9. Well No. <u>710</u>
4. Location of Well UNIT LETTER <u>H</u> , <u>1950</u> FEET FROM THE <u>North</u> LINE AND <u>50</u> FEET FROM THE <u>East</u> LINE, SECTION <u>27</u> TOWNSHIP <u>24</u> RANGE <u>37</u> NMPM.		10. Field and Pool, or Wildcat <u>Langlie Mattix</u>
11. Elevation (Show whether DF, RT, GR, etc.) <u>3218' DF</u>		12. County <u>Lea</u>

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <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 pull tbg. & pkr. & test tbg. for leaks. Repair & re-run pkr. & test csg. for leak & repair if necessary. Re-run tbg. & pkr. & resume inj.

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

SIGNED E.B. Fisher TITLE Supv. Adm. Serv. DATE 9-22-77

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: