NO. OF COPIES RECEIVED			Form C-103
DISTRIBUTION			Supersedes Old C-102 and C-103
SANTA FE	NEW MEXICO OIL CONS	SERVATION COMMISSION	Effective 1-1-65
FILE			
U.S.G.S.) SEI	P U S 15 M'67	5a. Indicate Type of Lease
LAND OFFICE			State Fee.
OPERATOR			5, State Oil & Gas Lease No.
	1		
SUNDR (DO NOT USE THIS FORM FOR PRO USE "APPLICAT			
i. OIL GAS WELL OTHER. Water Injection			7. Unit Agreement Name Warren McKee Unit
2. Name of Operator Amerada Petrolem	am Corporation		8. Farm or Lease Name
3. Address of Operator			9. Well No.
P.O. Box 668 - Hebbs, New Mexico			201
4. Location of Well			10. Field and Pool, or Wildcat
	1980 FEET FROM THE South	LINE AND 660 FEET	Marron McKee
THE BOST LINE, SECTION	on 7 township 20-	8 RANGE 38-E N	MPM.
	15. Elevation (Show whether	DF, RT, GR, etc.	12. County
	3580' DF	21, 111, 311, 3101,	Ica
	77777	2	
	Appropriate Box To Indicate N NTENTION TO:	· •	ENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPOHARILY ABANDON	. 334 1.//2 11 <u>0</u> 11112 411 Line_1	COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENT JOB	FEGG AND ABANDONMENT
	THAT I DAME		water injection X
OTHER		CTREA	
OTHER			
washed ever and 1 jt. 2-7/8" OD 4" OD liner set "C" cement. Ter OK. Drilled end for 1/4 hr. Hel to 9196', 9201' 9266', 9271' to	recevered fish consisti x 30.10' tubing. Deepe at 9395' with top of li- sted 5-1/2" easing and to coment to 9390'. Test ld OK. Ran Gauma Ray No. to 9206', 9209' to 9215 9281', 9285' to 9310' will acid using ball scale	ng of 1-1/2" OD x 22. ned well from 9220' to ner at 9056', Coment op of 4" liner with 1 ed 5-1/2" casing and utren leg. Perforate ', 9223' to 9230', 92 ith 2 shets per foot.	55' sinker bar and e 9397'. Ran 8 jts. ed with 50 sx. Class 500# fer 1/2 hr. Held 4" liner with 1500# d 4" liner frem 9184' 34' to 9251', 9256' to Acidised perfs. with
Started injection	ng water 8-31-67.		
	1		
18. I hereby certify that the information	above is true and complete to the best	or my knowledge and belief.	
SIGNED SIGNED	TITLE ASS	t. Dist. Superintende	nt . DATE 9-5-67
/ ·	C. C		SEF
/			JEF

CONDITIONS OF APPROVAL, IF ANY: