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NEW MEXICO OIL CONSERVATION COMMISSION

JUL 17 11 51 AM '69

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.
7. Unit Agreement Name Warren McKee Unit
8. Farm or Lease Name
9. Well No. 601
10. Field and Pool, or Wildcat Warren McKee - Simpson
12. County Lea

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator Amerada Hess Corporation
3. Address of Operator P. O. Box 668 - Hobbs, New Mexico
4. Location of Well UNIT LETTER P 330 FEET FROM THE South LINE AND 330 FEET FROM THE East LINE, SECTION 7 TOWNSHIP 20-S RANGE 38-E NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 3563' GL

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

PERFORM REMEDIAL WORK <input 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 JOB <input type="checkbox"/>	OTHER Pull and reset liner <input checked="" 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.

Pulled 4" OD Hydril csg. liner and reran 4" OD 11.34# FJ liner with liner hanger on bottom and 4" x 5-1/2" CRL liner packer on top. Liner set from 7810' to 8198'. Ran tubing and flow valves. Resumed flowing by gas lift.

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

SIGNED *[Signature]* TITLE District Superintendent DATE July 15, 1969
APPROVED BY *[Signature]* TITLE DATE JUL 18 1969
CONDITIONS OF APPROVAL, IF ANY: