Submit 3 Copies to Appropriate District Office

State of New Mexico
Energy, ...erals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.
30-025-07760

5. Indicate Type of Lease STATE ☐ FEE ☒

6. 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.)

7. Lease Name or Unit Agreement Name
WARREN McKEE UNIT

1. Type of Well:
OIL WELL ☐ GAS WELL ☐ OTHER TA Inj

2. Name of Operator
AMERADA HESS CORPORATION

8. Well No.
102

3. Address of Operator
DRAWER D, MONUMENT, NEW MEXICO 88265

9. Pool name or Wildcat
WARREN McKEE

4. Well Location
Unit Letter L : 330 Feet From The WEST Line and 1650 Feet From The SOUTH Line

Section 8 Township 20S Range 38E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3575' DF

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	☐	PLUG AND ABANDON	☐	REMEDIAL WORK	☐	ALTERING CASING	☐
TEMPORARILY ABANDON	☒	CHANGE PLANS	☐	COMMENCE DRILLING OPNS.	☐	PLUG AND ABANDONMENT	☐
PULL OR ALTER CASING	☐			CASING TEST AND CEMENT JOB	☐		
OTHER: CEMENT SQUEEZE CASING LEAK	☒			OTHER:			☐

12. 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 MIRU PULLING UNIT, REMOVE WELL HEAD & INSTALL BOP. TIH W/PKR. & TEST CIBP AT 8,950' TO 2,000#. TEST CSG. FOR LEAK. ISOLATE LEAK & ESTABLISH INJ. RATE. TIH W/CEMENT RETAINER & SET ABOVE LEAK. SQUEEZE CEMENT LEAK W/200 SKS. CLASS "C" NEAT CEMENT. WOC. TEST CSG. ABOVE CEMENT TO 500# FOR 30 MIN. NOTE: CALL NMOCD 24 HRS. BEFORE TEST & OBTAIN CAHRT. REMOVE BOP, INSTALL WELLHEAD, RDPU & CLEAN LOCATION. TA WELL.

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

SIGNATURE R. L. Wheeler, Jr. TITLE SUPV. ADM. SVC. DATE 11/19/91

TYPE OR PRINT NAME R. L. WHEELER, JR. TELEPHONE NO. 393-2144

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: