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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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <u>T.A.</u>		7. Unit Agreement Name <u>Warren McKee</u>
2. Name of Operator <u>Amerada Hess Corporation</u>		8. Farm or Lease Name
3. Address of Operator <u>Drawer "D", Monument, New Mexico 88265</u>		9. Well No. <u>101</u>
4. Location of Well UNIT LETTER <u>B</u> <u>1650</u> FEET FROM THE <u>East</u> LINE AND <u>990</u> FEET FROM THE <u>North</u> LINE, SECTION <u>18</u> TOWNSHIP <u>20-S</u> RANGE <u>38-E</u> N.M.P.M.		10. Field and Pool, or Wildcat <u>Warren McKee</u>
11. Elevation (Show whether DF, RT, GR, etc.)		12. County <u>Lea</u>

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUESEQUENT 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 <u>T.A. Extension</u> <input checked="" type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <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.

Holding for waterflood operations and redesign of gas lift system.

Request temp. abandon status be extended for one year.

Expires 10-1-76

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

SIGNED [Signature] TITLE Supver., Admin. Services DATE 9-29-75

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: