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LAND OFFICE	
OPERATOR	

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 checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		7. Unit Agreement Name Warren McKee Unit
2. Name of Operator Amerada Petroleum Corporation		8. Farm or Lease Name
3. Address of Operator P. O. Box 668 - Hobbs, New Mexico		9. Well No. 402
4. Location of Well UNIT LETTER C 330 FEET FROM THE North LINE AND 2324 FEET FROM West THE 18 LINE, SECTION 20-S TOWNSHIP 38-E RANGE 38-E NMPM.		10. Field and Pool, or Wildcat Warren McKee
15. Elevation (Show whether DF, RT, GR, etc.) 3573' DF		12. County Lea

16.

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> Install gas lift equipment

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 rods, pump and tubing. Ran tubing with gas lift equipment. Resumed producing by gas lift. Producing status changed from pumping to 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

TITLE **District Superintendent**

DATE **10-30-67**

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: