Submit 3 Copies To Appropriate District Office	State of New Mexico			Form C-103 Revised May 08, 2003			
<u>District I</u> 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources			WELL API NO.		2003	
<u>District II</u> 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION			6 I 1:	30-025-07743		
District III 1000 Rio Brazos Rd., Aztec, NM 87410	ict III 1220 South St. Francis Dr.				5. Indicate Type of Lease STATE FEE X		
District IV Santa Fe, NM 8/505				6. State Oil & Ga			
1220 S. St. Francis Dr., Santa Fe, NM 87505							
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A				7. Lease Name o	r Unit Agreement Nan	ne	
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH				Warren McKee Unit			
PROPOSALS.) 1. Type of Well:				8. Well Number			
Oil Well Gas Well X Other SWD Well				SWD #1			
Name of Operator     Amerada Hess Corporation				9. OGRID Number 000495			
3. Address of Operator				10. Pool name or Wildcat			
P.O. Box 840, Seminole, Texas 79360 4. Well Location				SWD San And	dres	-	
4. Well Education			j	133/			
Unit Letter F :_	feet from the	North	line and 2	feet fro	m the West 1	ine	
Section 7	Township 2	.0S Ra	inge 38E	NMPM	County Lea		
	11. Elevation (Show wh						
12 Check A	ppropriate Box to In	dicate N	ature of Notice	Penort or Other	Data		
NOTICE OF IN		uicaic iv		SEQUENT RE			
PERFORM REMEDIAL WORK	PLUG AND ABANDON		REMEDIAL WOR	•	ALTERING CASING		
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRI	LLING OPNS.	PLUG AND ABANDONMENT		
PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING TEST AN CEMENT JOB	ID 🗆			
OTHER:			OTHER:				
13. Describe proposed or compl							
of starting any proposed wo or recompletion.	rk). SEE RULE 1103. F	or Multip	le Completions: At	tach wellbore diagr	am of proposed compl	letion	
06/27/2003							
MIRU BJ Services. Acidized	l San Andres O.H. fr. 420	0'-4559' w	//2500 gal 15% HC	acid Continued	disnosing water		
			72000 gail. 1070110	and the same	anaposing water.		
					100		
				12.13.24.25	W. January C. Company		
				2 3	7		
				12 6	24 V		
				7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Section 1		
I hereby certify that the information a	bove is true and complet	e to the be	est of my knowledge	and belief.			
SIGNATURE WOL	J. W/000e	<b>E</b> TLE_F	Prod Acct Tech		DATE 07/02/2003	<del></del>	
Type or print name Carol J. Moo	re ema	il address	cmoore@hes	s.com Teleph	none No. (432)758-67	38	
(This space for State use)	, ,~   o	C FIELD I	REPRESENTATIVE I	I/STAFF MANAGI	ER MAL A	9 Mar	
APPPROVED BY Loup W Conditions of approval, if any	)	TITLE			_DATE	- -	