

DISTRICT I
P.O. Box 1982, Hobbs, NM 88240

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

DISTRICT III
1000 Rio Grande Rd., Aztec, NM 87416

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

WELL API NO.

30-025-07740

5. Indicate Type of Lease:

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name:

WARREN MCKEE UNIT

8. Well No.

201

9. Pool name or Widened:

WARREN MCKEE

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. Type of Well:

OIL WELL ☐

GAS WELL ☐

OTHER TA

Inj

2. Name of Operator

AMERADA HESS CORPORATION

3. Address of Operator

DRAWER D, MONUMENT, NEW MEXICO 88265

4. Well Location

Unit Letter I : 1980 Feet From The SOUTH Line and 660 Feet From The EAST Line

Section 7 Township 20S Range 38E NMPM LEA County

10. Elevation (Show whether DP, RKB, RT, GR, etc.)

3580' DF

11.

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☒

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: CEMENT SQUEEZE CSG. LEAK ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

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/4" GAUGE RING & JUNK BASKET & TAG FOR FILL. IF POSSIBLE, SET 4" CIBP AT $\pm$ 9,100'. TIH W/PKR. & TEST CIBP TO 2,000#. PRESS. TEST CSG. TO 500#. IF CSG. LEAK DETECTED, LOCATE, ISOLATE LEAK & ESTABLISH INJ. RATE. TOH W/PKR. TIH W/CEMENT RETAINER & SET ABOVE LEAK. SQUEEZE LEAK W/200 SKS. CLASS "C" NEAT CEMENT. WOC. PRESS. TEST CSG. ABOVE CEMENT TO 500# FOR 30 MIN. NOTE: CALL NMCD 24 HOURS BEFORE TEST & OBTAIN CHART. REMOVE BOP, INSTALL WELL HEAD. 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: