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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

NO. OF COPIES RECEIVED		Form C-103
DISTRIBUTION	HI)BBS OFFICE O. G. G.	Supersedes Old C-102 and C-103
SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION	N Effective 1-1-65
FILE	May 26 1 09 TH W	
U.S.G.S.	WVI CO	5a. Indicate Type of Lease
LAND OFFICE		State Fee.
OPERATOR		5. State Oil & Gas Lease No.
SUI (DO NOT USE THIS FORM FOI USE "APPL	NDRY NOTICES AND REPORTS ON WELLS R PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERV LICATION FOR PERMIT - " (FORM C-101) FOR SUCH PROPOSALS.)	oir.
1.	OTHER- T.A.	7. Unit Agreement Name Warren McKee Unit
2. Name of Operator		8. Farm or Lease Name
Amerada Petro	leum Corporation	
3. Address of Operator		9. Well No.
P. O. Box 668	- Hobbs, New Mexico	201
4. Location of Well		10. Field and Pool, or Wildcat
UNIT LETTER	1980 FEET FROM THE South LINE AND 660	Warren McKee
THE East LINE, S	7 20-8 38-8	NMPM-
15. Elevation (Show whether DF, RT, GR, etc.)		12. County
	3580' DF	Lea
	ck Appropriate Box To Indicate Nature of Notice, Rep	port or Other Data
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS CASING TEST AND CEMENT	
OTHER TO CONVERT	to Water Inj. Well	
17. Describe Proposed or Complete work) SEE RULE 1105.	ed Operations (Clearly state all pertinent details, and give pertinent dat	es, including estimated date of starting any proposed

Plan to test csg. for leaks & if necessary repair. Run sand pump & clean out pea gravel from 9098' to top of fish at 9195'. (Fish consists of 1 jt. 2-1/2" tbg. with upset looking up & a 1-1/2" x 20' sinker bar.) Wash over fish & recover. Clean out hole to TD of 9220' & deepen to approx. 9405'. Run Gamma-Ray Neutron log. Cement 4" liner from 9065' to 9405'. Drill out cement. Perf. first & main sands from 9175' to 9325'. Acidize perfs. with 1500 gals. NE acid. Run 2-7/8" internally coated tbg. with packer set at 9015'. Place well on injection.

18. I hereby certify that the information above is true and complet	e to the b	est of my knowle	edge and belief.		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
SIGNED P.). Ling	TITLE _	District	Superintendent	. DATE	5-25-67
1000				5 _{1 1}	:
APPROVED BY	TITLE			DATE	
CONDITIONS OF APPROVAL, IF ANY:					