<i>,</i>	and the second sec	
NO. OF COPIES RECEIVED	···· ،	
DISTRIBUTION	-	Form C-103
SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION	Supersedes Old C-102 and C-103
FILE	NEW MEXICO OIL CONSERVATION COMMISSION	Effective 1-1-65
U.S.G.S.	DEC 13 10 51 AM '65	
LAND OFFICE		5a. Indicate Type of Lease
OPERATOR		State Fee 👗
]	5. State Oil & Gas Lease No.
(DO NOT USE THIS FORM FOR PR USE "APPLICAT 1.	RY NOTICES AND REPORTS ON WELLS prosals to drill or to deepen or plug back to a different reservoir. Ion for permit _** (form C-101) for such proposals.)	
WELL WELL	OTHER- T.A.	7. Unit Agreement Name
2. Name of Operator		Warren McKee Unit
Amerada Petroleun	Corporation	8. Farm or Lease Name
, Address of Operator		9. Well No.
P. O. Box 668 - He	DDDS, New Mexico	262
UNIT LETTER,,	980 FEET FROM THE BASE LINE AND 1980 FEET F	Warren McKee
THE South LINE, SECTION	TOWNSHIP 208 RANGE 38E NM	
	15. Elevation (Show whether DF, RT, GR, etc.)	12. County
	3577° DF	
Check A NOTICE OF IN	Appropriate Box To Indicate Nature of Notice, Report or (TENTION TO: SUBSEQUE	Other Data NT REPORT OF:
ERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
ULL OR ALTER CASING	CHANGE PLANS CASING TEST AND CEMENT JOB	PLUG AND ABANDONMENT
OTHER Propare for water	injection	
. Describe Proposed or Completed One		

7. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1903.

Drilling with gas & 4-3/4" bit, deepen hele from 9204' to 9300'. Run Gamma Ray Neutron leg from 8300' to 9300'. Set 4" OD liner from 9100' to 9300'. Drill out coment & test liner. Perforate 4" liner from approx. 9160' to 9182' and 9200' to 9290' according to logs. Run tubing, packer and holddown. Acidize perforations with 1600 gals. 15% NE acid with fluid loss additive. Swab back acid water. Pull tubing, packer & holddown. Run 2-7/8" OD plastic coated tubing with packer & set at 9060'. Place well on injection.

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

SIGNED_	DiCCapp	Ĺ

TITLE District Superintendent

DATE 12-10-65

CONDITIONS OF APPROVAL, IF ANY:

TITLE

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