State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

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DATE

OIL CONSERVATION DIVISION DISTRICT I P.O. Box 1980, Hobbs NM 88241-1980 WELL API NO. P.O. Box 2088 30-025-07742 Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210 5. Indicate Type of Lease STATE 🗌 FEE X DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 6. 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" 7. Lease Name or Unit Agreement Name (FORM C-101) FOR SUCH PROPOSALS.) WARREN MCKEE UNIT 1. Type of Well: OIL WELL OTHER TA'D (INJECTOR) 2. Name of Operator 8. Well No. Amerada Hess Corporation 203 3. Address of Operator 9. Pool name or Wildcat P. O. Box 840, Seminole, Texas 79360-0840 WARREN MCKEE 4. Well Location 2310 Unit Letter WEST Feet From The 1650 SOUTH Line and Feet From The Line 7 **20S** Section Township Range 38E LEA County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. **NOTICE OF INTENTION TO:** SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING TEMPORARILY ABANDON **CHANGE PLANS** COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT PULL OR ALTER CASING CASING TEST AND CEMENT JOB OTHER: TEMPORARILY ABANDONED 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. 10-22-97 ROWLAND TRUCKING PUMPED 12 BBLS. 2% KCL AND PRESSURE TESTED CASING TO 500# FOR 30 MINS. HELD OK. NOTE: NOTIFIED OCD 24 HRS. BEFORE CASING TEST. CHART ATTACHED. AMERADA HESS CORPORATION RESPECTFULLY REQUESTS TO CONTINUE THE TA'D STATUS ON CAPTIONED WELL. UNTIL SUCH TIME AS IT IS DEEMED ECONOMICALLY FEASIBLE TO RE-ENTER. I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE TITLE SR. STAFF ASSISTANT 10-24-97 DATE TYPE OR PRINT NAME TELEPHONE NO. 915 758-6778 (This space for State Use) TE WILLIAMS

TITLE

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APPROVED BY

CONDITIONS OF APPROVAL, IF ANY

