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NEW MEXICO OIL CONSERVATION COMMISSION
MAY 11 11 43 AM '67

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease State <input type="checkbox"/> Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.
7. Unit Agreement Name Warren McKee Unit
8. Farm or Lease Name
9. Well No. 203
10. Field and Pool, or Wildcat Warren McKee
12. County Lea

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. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- T.A.
2. Name of Operator Amerada Petroleum Corporation
3. Address of Operator P. O. Box 668 - Hobbs, New Mexico
4. Location of Well UNIT LETTER K 1650 FEET FROM THE South LINE AND 2310 FEET FROM THE West LINE, SECTION 7 TOWNSHIP 20-S RANGE 38-E NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 3577' DF

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER T.A. <input checked="" type="checkbox"/>

17. 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.

FOR RECORD ONLY: To advise this well is still closed in and temporarily abandoned with no other plans at this time.

THE COMMISSION MUST BE NOTIFIED
EVERY 6 MONTHS ON FORM C-103
GIVING THE OPERATOR'S CURRENT
FUTURE PLANS FOR THIS WELL

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

SIGNED R. J. Giny	TITLE District Superintendent	DATE 5-2-67
APPROVED BY	TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:		