

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs NM 88241-1980

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

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO.	30-025-07743
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	Warren McKee Unit
8. Well No.	SWD #1
9. Pool name or Wildcat	SWD San Andres
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	

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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER SWD Well	2. Name of Operator Amerada Hess Corporation
3. Address of Operator P. O. Box 840, Seminole, Texas 79360-0840	4. Well Location Unit Letter F : 2310 Feet From The North Line and 2331.1 Feet From The West Line Section 7 Township 20S Range 38E NMPM Lea County
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	

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: ☐

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.

10-09-98

American Fracmaster acidized San Andres Zone O.H. fr. 4200' - 4550' w/3000 gal. 20% HCL acid using 3000 lbs. rock salt as diverter. Resumed disposing water.

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 Bus. Svc. Spec. II DATE 10-14-98

TYPE OR PRINT NAME R. L. Wheeler, Jr. TELEPHONE NO. 915 758-6700

(This space for State Use)

APPROVED BY CHRIS WILLIAMS
SUPERVISOR

TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: