Submit 3 Copies to Appropriate District Office

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

District Office			Veared 1-1-9à	
DISTRICT I	IL CONSERVATI	ON DIVISION		
P.O. Box 2088			WELL API NO.	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexic		30-025-07743	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 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 OTHER OTHER Disposal Well.			5. Indicate Type of Lease STATE FEE ()	
			6. State Oil & Gas Lease No.	
			7 Lassa Name and the	
			7. Lease Name or Unit Agreement Name	
			4	
			Warren McKee Unit	
2. Name of Operator	UIS	sposai Well.		
Amerada Hess Corporation			8. Well No.	
3. Address of Operator			S.W.D. #1	
P. O. Drawer D. Monument, NM 88265			9. Pool name or Wildcat	
4. Well Location	IIII 00203		Warren McKee-San Andres	
Unit Letter F : 2310	Feet From The North	Line and 233	31.1 Feet From The West Li	
		Time and	51.1 Feet From The West Li	
Section 7	Township 20S	Range 38E	102	
	10. Elevation (Show when	ther DF, RKB, RT, GR, et	NMPM Lea Count	
		3577' DF	<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>	
11. Check Appro	priate Box to Indicate	Nature of Notice	, Report, or Other Data	
NOTICE OF INTI	ENTION TO:		BSEQUENT REPORT OF:	
-		301	DEGUENT REPURT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	X ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	1	C ALTERNIA CASINA	
	OHANGE PLANS	COMMENCE DRILLING	G OPNS. PLUG AND ABANDONMENT	
PULL OR ALTER CASING		CASING TEST AND CE	EMENT JOB	
OTHER:				
12. Describe Proposed or Completed Operation	ns (Clearly state all pertinent de	etails, and give pertinent da	ates, including estimated date of starting any propos	
work) SEE RULE 1103.	-		, propos	
1-23-96				
	4000' 4FF0!			
Knox Svc. acidized O.H. fr Resumed disposal operation	. 4200 - 4000 W/3000	gal. 15% HCL acid	& 50 gal. DP-77MX.	
noosmod disposal operation	3.			
		>		
I hereby certify that the information above is true and	complete to the best of my knowled	ze and helief		
SIGNATURE & CUlkulu	7 1 m	LE Admin. Svc. Coo	ord DATE1-26-96	
TYPE OR PRINT NAME R. L. Wheeler, Jr				
. L. Wrieeter, Jr	<u>. </u>		TELEPHONE NO. 505 393-214	
(This space for State Use)	: 3: G UED 8Y			
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APPROVED BY	in the second of		i S nal.	