

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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. S.W.D. #1
9. Pool name or Wildcat Warren McKee-San Andres

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 <input checked="" type="checkbox"/> Disposal well	
2. Name of Operator AMERADA HESS CORPORATION	
3. Address of Operator DRAWER D, MONUMENT, NM 88265	
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.) 3577' DF	

11. 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"/>	REMEDIAL WORK <input checked="" type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <input type="checkbox"/>

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.
9-24-93

Knox Services acidized OH 4200' - 4550' with 3000 gals. 20% HCL & flushed with 50 bbls. fresh water with 4 gals. soap added. Max. pressure 1100#, avg. pressure 1100#, AIR 3 BPM, ISIP 250#, vac. 1 min. Resumed disposal operations.

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

SIGNATURE Roy L. Wheeler, Jr. TITLE SUPV. ADMIN. SER. DATE 9-28-93

TYPE OR PRINT NAME ROY L. WHEELER, JR. TELEPHONE NO. 393-2144

(This space for State Use)

Orig. Signed by
Paul Kautz
Geologist

OCT 05 1993

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: