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NEW MEXICO OIL CONSERVATION COMMISSION

JUN 9 11 07 AM '69

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.	

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. Unit Agreement Name Warren McKee Unit
2. Name of Operator Amerada Petroleum Corporation		8. Farm or Lease Name
3. Address of Operator P. O. Box 668 - Hobbs, New Mexico		9. Well No. 601
4. Location of Well UNIT LETTER P , 330 FEET FROM THE South LINE AND 330 FEET FROM THE East LINE, SECTION 7 TOWNSHIP 20S RANGE 38E NMPM.		10. Field and Pool, or Wildcat Warren McKee - Simpson
15. Elevation (Show whether DF, RT, GR, etc.) 3563' GL		12. County Lea

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 checked="" 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"/>	

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.

Pulled tbg. and packer, ran casing inspection log and caliper log from 3697' to 9100'.
Cleaned out 5-1/2" csg. from 9115' to 9172'. Set packer at 9000'. Ran 10 jts. OD
hydril csg. as liner set from 7780' to 8211'. Ran tbg. and flow valves and resumed
flowing by gas lift.

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

SIGNED *Bo Debb* TITLE District Superintendent DATE June 6, 1969
APPROVED BY *[Signature]* TITLE DATE
CONDITIONS OF APPROVAL, IF ANY