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HOBBS OFFICE O. C. C.
NEW MEXICO OIL CONSERVATION COMMISSION
JUN 2 11 35 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.	

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- T.A.		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 East LINE AND 330 FEET FROM THE South LINE, SECTION 7 TOWNSHIP 20-S RANGE 38-E N.M.P.M.		10. Field and Pool, or Wildcat Warren McKee
15. Elevation (Show whether DF, RT, GR, etc.) 3563' GR		12. County Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

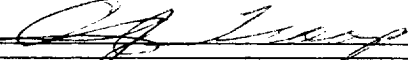
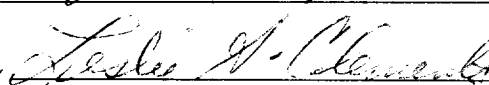
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <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: This well is temporarily abandoned with no other plans at this time.

THIS PERMISSION MUST BE RE-NEWED EVERY 6 MONTHS ON FORM C-103. THE WELL STATUS AND PLANS FOR THE WELL.

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

SIGNED 	TITLE Asst. Dist. Supt.	DATE 6-1-67
APPROVED BY 	TITLE Asst. Dist. Supt.	DATE 6-1-67
CONDITIONS OF APPROVAL, IF ANY:		