NO. CE COMES RECEIVED	per "	4 Form C-103
DISTRIBUTION		Supersedes Old C-102 and C-103
NTAFE	NEW MEXICO OIL CONSERVATION COMMISSION	Effective 1-1-65
LE		
:. <b>s.</b> G.S,		5a. Indicate Type of Lease
_AND OFFICE		State Fee XX
OPERATOR		5, State Oll & Gas Lease No.
SUND TO NOT USE THIS FORM FOR P USE "APPLICA		
T.  OH SAS WELL OTHER-		7. Unit Agreement Name Warren McKee Unit
. Nume of Aperillar		8. Farm or Lease Name
Amerada Hess Cor	poration	
Address of Operator		9. Well No.
Drawer "D" - Monument, New Mexico 88265		401
s, Location of Well		10. Fleld and Pool, or Wildrat
UNIT CETTER N	2310 FEET FROM THE West LINE AND 990 FEET F	Warren McKee
THE South LINE, SECT	TION 7 TOWNSHIP 20-S RANGE 38-E NM	LEM (
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
	15. Elevation (Show whether DF, RT, GR, etc.)	12. County
		Lea
Check	Appropriate Box To Indicate Nature of Notice, Report or	Other Data
NOTICE OF I	4 4 4 <del>4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 </del>	ENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS CASING TEST AND CEMENT JOB	AND AND ADDRESS OF THE PARTY OF
	OTHER T. A.	xx
OTHER		<u>ea</u>
	•	
<ol> <li>Describe Proposed or Completed C work) SEE RULE 1103.</li> </ol>	Operations (Clearly state all pertinent details, and give pertinent dates, includ	ling estimated date of starting any proposed
Closed in and T.	A. 7-68	
	rflood operations and redesigning gas lift syst	
	triood operations and redesigning gas lift syst	i em
•		
	$ \mathcal{L}_{i} $	10/1/75
	ENRIPLO.	/0////
	0/9/00 000	·
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B. I hereby certify that the information	n above is true and complete to the best of my knowledge and belief.	
1.1000		
IGNED SAL	TITLE Supvr. Admin. Services	DATE 10-11-74
	One Santa	
PPROVED BY	TOTAL STATE	DATE
ONDITIONS OF APPROVAL, IF ANY	r: Transcription	
*•	to the state of the Very	