

DISTRICT I
P.O. Box 1980, Hobbs NM 88241-1980

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.	30-025-07760
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.	102
9. Pool name or Wildcat	WARREN MCKEE
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3575' DF	

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 TA (INJECTION)	2. Name of Operator Amerada Hess Corporation
3. Address of Operator P. O. Box 840, Seminole, Texas 79360-0840	4. Well Location Unit Letter L : 330 Feet From The WEST Line and 1650 Feet From The SOUTH Line Section 8 Township 20S Range 38E NMPM LEA County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3575' DF	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: TEMPORARILY ABANDONED. ☒

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.

10-22-97

ROWLAND TRUCKING PUMPED 12 BBLS. 2% KCL & PRESSURE TESTED CASING TO 500# FOR 30 MINS. HELD OK. NOTE: NOTIFIED OCD 24 HRS. BEFORE CASING TEST. CHART ATTACHED.

AMERADA HESS CORPORATION RESPECTFULLY REQUESTS TO CONTINUE THE TA'D STATUS ON CAPTIONED WELL, UNTIL SUCH TIME AS IT IS DEEMED ECONOMICALLY FEASIBLE TO RE-ENTER.

This Approval of Temporary
Abandonment Expires 12-17-2002

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

SIGNATURE Terry L. Harvey TITLE SR. STAFF ASSISTANT DATE 10-24-97
TYPE OR PRINT NAME TERRY L. HARVEY TELEPHONE NO. 915 758-6778

(This space for State Use)

APPROVED BY DISTRICT I SUPERVISOR TITLE DATE 10-17-1997
CONDITIONS OF APPROVAL, IF ANY:

