## State of New Mexico Energ: 'inerais and Natural Resources Department

Form C-163

**Revised 1-1-89** 

P.O. Box 1980, Hotbs, NM \$8240	P.O. Box 2088 Sama Fe, New Mexico 87504-2088		WELL AFI NO. 30-025-07782  5. Indicate Type of Lease STATE FEE   6. State Oil & Gas Lease No.	
P.O. Drawer DD, Artesia, NM 88210				
DISTRICT III 1000 Rio Benzon Rd., Aziec, NM 87410				
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.)		7. Lesse Name or Unit Agreement Name		
I. Type of Well:	or ron soon Phorosacs.)		WARREN MCKEE U	NIT
OL GAS WILL C	опе ТА			
AMERADA HESS CORPORATION	J.		8. Well No.	
3. Address of Operator			9. Pool same or Wildcat	<del></del>
DRAWER D, MONUMENT, NM	88265	<del> </del>	WARREN MCKEE	
	Post From The NORTH	Line and 660	Peet From The	WEST Lin
Section 17	Towaship 20S Re	ass 38E 1	NMPM LEA	County
	10. Elevason (Show whether	DF, RKB, RT, GR, etc.)		
II. Check A	ppropriate Box to Indicate 1	Nature of Notice, Re	port, or Other Data	
			SEQUENT REPOR	T OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERIN	IG CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING		ID ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND CE		
OTHER:		OTHER:		۲
12. Describe Proposed or Completed Operation	ns (Clearly state all pertinent details, an		ng estimated date of starting a	пу ргоромы
DIAN TO MID! OU AND THE	ALL DOD DED UP DECEM			
PLAN TO MIRU PU AND INST 4-1/2" LINER 8226', TOP	ALL BUP. RIG UP REVER OF FISH 8978', TOP OF	RSE EQUIPMENT AN FILL 7695' TI	D POWER SWIVAL.	NOTE: TOP OF
WUKKSIKING 10 /695'. AT	TEMPT IN DRITT THROUGH	AT EILL AND CLEA	N OUT TO TOD OF A	1 /OH LINED
MI OZZO . IF NECESSAKI.	KUN 3-5/8" BIT IN 4-1	1/2" I INER IN CL	FAN AUT TA TAD AE	LICH VI
8978'. TOH. TIH WITH 4 2000#. ISOLATE CASING LI	EAK AND ESTABLISH RATE	F AND PRESSURE TO	NTO LEAK SOUEE?	E LEVA VC
COMPTITOMS MAKKANI AND, I	LUAU AND IEST CASING T	TO 500 PSI FOR 30	O AND CIRCULATE H	OLE WITH
TREATED FLUID. TEMPORÁR	ILY ABANDON WELL.			
I hereby certify that the information above is true and	complete to the best of my knowledge and be	tief.	· · · · · · · · · · · · · · · · · · ·	<u> </u>
Cindy Robe	uton my	ADMIN. STAFF A	SSIST.	5/6/92
TYPE OR PROFIT NAME				
			TELEN	
(This space for State Use)				MAY 11'92
ATTROVED BY-	······································		DATE	1 1 1 32

CONDITIONS OF APPROVAL, IP ANY:

This Approval of Temporary
Abandonment Expires