

NEW MEXICO OIL CONSERVATION COMMISSION

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| LAND OFFICE | | |
| OPERATOR | | |

5a. Indicate Type of Lease
 State Fee

5. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS
 (DO NOT USE THIS FORM FOR NOTICES TO PULL OR TO CHANGE OR PULL BACK TO A DIFFERENT RESERVOIR. USE APPLICATION FOR PERMIT TO PUMP OIL FOR SUCH PURPOSES.)

7. Unit Agreement Name

Warren McKee Unit
 8. Form of Lease Name

1. OIL WELL GAS WELL OTHER

9. Well No. 113

2. Name of Operator
 Amerada Hess Corporation

10. Field and Pool, or Valued
 Warren McKee

3. Address of Operator
 Drawer D, Monument, NM 88265

4. Location of Well
 UNIT LETTER P 660 FEET FROM THE South LINE AND 660 FEET FROM
 THE East LINE, SECTION 18 TOWNSHIP 20 S. RANGE 38 E. N.M.P.M.

12. County
 Lea

15. Elevation (Show whether DF, RT, GR, etc.)
 3562' DF

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"/> | PLUS 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 JOB <input type="checkbox"/> | |
| | | OTHER <u>Back On Production</u> <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.

Gas available for gas lift operations and resumed producing by gas lift.
 Recent Test: Gas Lift 30 BO and 31 BW in 24 hours.

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

SIGNED E. B. Fisher TITLE Supv. Admin. Serv. DATE 2-1-78

APPROVED BY Leo Clements TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

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