State of New Mexico

"bmic Scopies to Appropriate District Office	Enerç	Minerals and Natur	ral Resources Departmer	Form C-103 Revised March 25, 1999
DISTRICT I	OII	CONSEDUA	TION DIVISION	WELL ADINO
1625 N. French Dr., Hobbs, NM 88240	OIL		St. Francis Dr.	WELL API NO. 30-025-07806
DISTRICT II				
811 S. First, Artesia, NM 88210		Santa Fe,	NM 87504	5. Indicate Type of Lease STATE FEE
DISTRICT III				6. State Oil / Gas Lease No.
1000 Rio Brazos Rd., Aztec, NM 87410			<u> </u>	
SUNDRY NO (DO NOT USE THIS FORM FOR PROF DIFFERENT RES (FOR	7. Lease Name or Unit Agreement Name Warren McKee Unit			
1. IVDE OLVVEN	GAS WELL	OTHER TA'd		
Name of Operator Amerada Hess Corporation				8. Well No. 101
3. Address of Operator P.O. Box 840, Seminole, TX 79360				9. Pool Name or Wildcat Warren McKee Simpson
4. Well Location				Foot From The
Unit Letter B	990	Feet From The	North Line and 1650	Feet From The <u>East</u> Line
Section 18	Towns	hip	Range <u>38E</u> NA	IPM <u>Lea</u> COUNTY
	10. E	levation (Show whether D	F, RKB, RT,GR, etc.)	
11. Chec	k Approp	riate Box to Indica	ate Nature of Notice, Re	port, or Other Data
NOTICE OF INTEN	TION TO):	su	BSEQUENT REPORT OF:
PERFORM REMEDIAL WORK		AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANG	SE PLANS	COMMENCE DRILLING OPE	RATIONS PLUG AND ABANDONMENT
PULL OR ALTER CASING			CASING TEST AND CEMENT	I JOB
OTHER:			OTHER:	TA'd Well ✓
12. Describe Proposed or Comp starting any proposed work)			nent details, and give pertinent da	ites, including estimated date of
5-1 thru 5-3-2001				
MIRU Key Energy Svc. pulli water & press. tested csg. & 30 min. Held OK. Chart atta	plug to 50	0 PSI. Held OK. TOH	w/pkr. Removed BOP & insta	on 140 jts. 2-7/8" tbg. Load csg. w/1 bbl. fresh alled wellhead. Press. tested csg. to 525 PSI for
Amerada Hess Corporation	respectfull	y request a TA'd status	s on well to evaluate for futur	e work.
				5/10/06
				3/10/04
			•	

05/07/2001 DATE _ TITLE Bus. Svc. Spec. II SIGNATURE TELEPHONE NO. 915-758-6778 TYPE OR PRINT NAME Roy L. Wheeler, Jr. W. -(This space for State Use) _TITLE_ DATE_ APPROVED BY___

CONDITIONS OF APPROVAL, IF ANY:

