

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

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.

30-025-07806

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

**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 ☐

GAS  
WELL ☐

OTHER TA

2. Name of Operator

AMERADA HESS CORPORATION

3. Address of Operator

DRAWER D, MONUMENT, NM 88265

8. Well No.

101

9. Pool name or Wildcat

WARREN MCKEE

4. Well Location

Unit Letter B : 1650 Feet From The EAST Line and 990 Feet From The WEST Line

Section 18

Township 20S

Range 38E

NMPM

LEA

County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

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: ☐

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.

PLAN TO MIRU PU AND INSTALL BOP. TIH WITH 4-3/4" SWAGE, BUMPER SUB, JARS, 6 - 3-1/2" DC'S ON 2-7/8" WORKSTRING. ATTEMPT TO SWAGE OUT CASING AT 5366'. TOH. TIH WITH 4-3/4" BIT AND RUN TO ±9050'. TOH. TIH WITH 5-1/2" CIBP ON WIRELINE AND SET ±9020'. TOH. TIH WITH 5-1/2" MODEL R PKR. TEST CIBP TO 2000#. ATTEMPT TO ISOLATE CASING LEAK. ESTABLISH RATE & PRESSURE INTO LEAK. SQUEEZE LEAK AS CONDITIONS WARRANT. LOAD & TEST CASING TO 500 PSI FOR 30 MIN., OBTAIN CHART FOR NMOCD. CIRCULATE HOLE WITH TREATED FLUID AND TEMPORARILY ABANDON WELL.

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

SIGNATURE

*Cindy Robertson*

TITLE

ADMIN. STAFF ASSIST.

DATE

5/6/92

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

This Approval of Temporary  
Abandonment Expires

MAY 11 '92