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OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

MAR 31 11 40 AM '66

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

3. Indicate Type of Lease
 a. Other
 b. Free

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. SEE APPLICATION FOR PERMIT - FORM C-101 FOR SUCH PROPOSALS.)

1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER - T. A.	2. Permit Agreement Name Warren McKee Unit
2. Name of Operator Amerada Petroleum Corporation	3. Name of Lease 101
3. Address of Operator P. O. Box 668 - Hobbs, New Mexico	4. Field and Post, or Wellhead Warren McKee
4. Location of Well UNIT LETTER B 990 FEET FROM THE North LINE AND 1650 FEET FROM THE East END OF SECTION 18 TOWNSHIP 20S RANGE 38E COUNTY	5. Location (Show whether DF, RT, GR, etc.) 3573' DF
6. Locality Lea	

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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPER. <input type="checkbox"/>
OTHER <input type="checkbox"/>	PULL AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER Temporary abandon <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 1153.

**Pulled rods, pump and tubing. Closed all valves and temporarily abandoned.
 This well is no longer economical to produce.**

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

SIGNED *D. C. Coates* TITLE District Superintendent DATE 3-30-66

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: