

DISTRICT I

1625 N. French Dr., Hobbs, NM 88240

DISTRICT II

811 S. First, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.
Santa Fe, NM 87504

WELL API NO. 30-025-07807
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil / Gas Lease No.
7. Lease Name or Unit Agreement Name Warren McKee Unit
8. Well No. 402
9. Pool Name or Wildcat Warren McKee
10. Elevation (Show whether DF, RKB, RT, GR, etc.)

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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER TA'd Well.	
2. Name of Operator Amerada Hess Corporation	
3. Address of Operator P.O. Box 840, Seminole, TX 79360	
4. Well Location Unit Letter <u>C</u> : <u>2324</u> Feet From The <u>West</u> Line and <u>330</u> Feet From The <u>North</u> Line Section <u>18</u> Township <u>20S</u> Range <u>38E</u> NMPM <u>Lea</u> 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 OPERATIONS ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☒ Casing Integrity Test.

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.

2-15-2001

Press. tested csg. to 600 PSI for 30 min. Held OK. Chart attached.

Amerada Hess Corporation respectfully request a continued TA'd status on well while evaluating for future work.

2/23/06

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

SIGNATURE Roy L. Wheeler, Jr. TITLE Bus. Svc. Spec. II DATE 02/16/2001
TYPE OR PRINT NAME Roy L. Wheeler, Jr. TELEPHONE NO. 915-758-6778

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

JCS

