Submit 3 Copies to Appropriate District Office

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-103
Revised 1-1-89

WELL API NO.
30-025-07809

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.)

7. Lease Name or Unit Agreement Name
Warren McKee Unit

1. Type of Well: OIL WELL ☒ GAS WELL ☐ OTHER CI.

2. Name of Operator
Amerada Hess Corporation

8. Well No.
114

3. Address of Operator
Drawer D, Monument, New Mexico 88265

9. Pool name or Wildcat
Warren McKee Simpson

4. Well Location
Unit Letter A : 660 Feet From The East Line and 660 Feet From The North Line

Section 19 Township 20S Range 38E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3558' DF

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	☐	PLUG AND ABANDON	☐	REMEDIAL WORK	☐	ALTERING CASING	☐
TEMPORARILY ABANDON	☐	CHANGE PLANS	☐	COMMENCE DRILLING OPNS.	☐	PLUG AND ABANDONMENT	☐
PULL OR ALTER CASING	☐			CASING TEST AND CEMENT JOB	☐		
OTHER:	☐			OTHER: Csg. 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.

9-12 thru 9-17-91

MIRU DA & S Oil Well Svc. pulling unit, removed well head & installed BOP. RU Bliss Pet. & ran gauge ring, junk basket & collar locator. Ran 5-1/2" Alpha drillable CIBP & set at 8960' & Baker Md. R pkr. set at 8956'. Rowland Trk. loaded tbg. w/18 bbls. half & half & pkr. fluid & tested CIBP to 2500#. Held OK. Released pkr. & circ. well. Attempted to press. test csg. w/no results. Note: R. A. Sadler witnessed test. TOH laying down tbg. Removed BOP & installed well head. RDPU & cleaned location. Well closed in for evaluation.

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

SIGNATURE R. L. Wheeler, Jr. TITLE Supv. Adm. Svc. DATE 9-18-91

TYPE OR PRINT NAME R. L. Wheeler, Jr. TELEPHONE NO. 505 393-2144

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: