Form 9-331 Dec. 1973

LINITED STATES

Form Approved. Budget Bureau No. 42–R1424

OMITED SINIES	5. LEASE
DEPARTMENT OF THE INTERIOR	LC 03/670(b)
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
CHAIDDY NOTICES AND DEDORTS ON WELL	- THINT ACRES TO THE TOTAL TO T
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME
(Oc not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9–331–C for such proposals.)	
	8. FARM OR LEASE NAME
1. oil gas well other	Warren Unit McKee
well well other	9. WELL NO.
2. NAME OF OPERATOR	र 8
2. NAME OF OPERATOR CONTINENTAL OIL COMPANY 3. ADDRESS OF OPERATOR	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, N.M. 88240	Warnen McKee
4. LOCATION OF WELL (REPORT LOCATION CLEARLY, See space 17	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
below.)	Sec 20 7 209 12386
AT SURFACE: 1980' 736 5 2310 'FGC AT TOP PROD. INTERVAL:	12. COUNTY OR PARISH 13. STATE
AT TOTAL DEPTH:	LEa N.M
	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB. AND WD)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF 🗌	-
FRACTURE TREAT	5 1 c
SHOOT OR ACIDIZE	- Long v 品世 - Lo
REPAIR WELL	
PULL OR ALTER CASING	(NOTE: Report results of multiple completion or zone change in form
CHANGE ZONES	
ABANDON*	U. S. GEOLOGICAL SURVEY
(other) sour to jajudim V	HOBBS, NEW MEXICO
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly statincluding estimated date of starting any proposed work. If well is a measured and true vertical depths for all markers and zones pertined	firectionally drilled, give subsurface locations and nt to this work.)*
It is proposed to convent subjust to inj	as tollows:
- MIRA, Kill WALL, fish for stdg VIV.	
PM 4 w/ Brad and CA 4 50/10'	
- PWH W/ 1000 100. 18-4700	
- POOH w/ grod. egpt, CO. to = 9/00' - 214 w/inj egpt, ciec annulus w/pkr s/u - place well on inia (time	
-place well on injection	
-NMOCLAPPENUL A-632 WFX-463	
Subsurface Safety Valve: Manu. and Type	Set @ Ft.
18. I hereby certify that the foregoing is true and correct	<u> </u>
SIGNED Wee a Butter field TITLE Admin Syn	DATE 1-15-75
(This space for Federal or State off	APPROVED APPROVED
APPROVED BY	APPENDED \
CONDITIONS OF APPROVAL, IF ANY:	A BTEANA -
4565 5	MAR 1.3 1979
	WOK T CONX
NM FIL 4	
7./c *See Instructions on Reverse S	Side COTING DISTRICT ENGINEER
See Instructions of Reverse 3	CTING LIST

U. S. Geological Survey P. O. Box 1157 Hobus, New Mexico 88240

Well No. 28 Warren Unit McKee

HOBBS DISTRICT

CONDITIONS OF APPROVAL:

- 1. The Hobbs office (telephone (505) 393-3612) is to be notified when workover operations are to be commenced.
- 2. Blowout prevention equipment is required.
- 3. The surface injection pressure at the wellhead is not to exceed 1800 psi unless it can be established that a higher pressure will not result in fracturing of confining strata and such higher pressure is approved