Submit 3 Copies to Appropriate District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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. 30-025-07858

5. Indicate Type of Lease Federal STATE ☐ FEE ☐

6. State Oil & Gas Lease No. LC-031695B

## 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 UNIT - MCKEE

1. Type of Well: OIL WELL ☐ GAS WELL ☐ OTHER INJECTION

2. Name of Operator: CONOCO INC.

8. Well No. 25

3. Address of Operator: 10 Desta Drive W. Midland, TX 79705

9. Pool name or Wildcat: WARREN MCKEE

4. Well Location
Unit Letter O : 990 Feet From The SOUTH Line and 2310 Feet From The EAST Line

Section 24 Township 20-S Range 38-E 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: | | | | 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: INJECTION STATUS CHANGE | | | ☒ |

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.

THIS IS TO INFORM YOU THAT THE REFERENCED WELL WAS SHUT-IN 11-06-90 FOR INSPECTION OF THE WATER INJECTION LINE.

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

SIGNATURE Nannette Nelson TITLE Analyst DATE 11-16-90

TYPE OR PRINT NAME Nannette H. Nelson TELEPHONE NO. 915-686-5424

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: