

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, Aramis, NM 88210

DISTRICT III
1000 Rio Bonos Rd., Aztec, NM 87410

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

WELL API NO. NA 30-025-25836
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B-9652
7. Lease Name or Unit Agreement Name WARREN MCKEE
8. Well No. 1
9. Pool name or Without WARREN MCKEE

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 G-101) FOR SUCH PROPOSALS.)	
1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER BRINE WELL	
2. Name of Operator CONOCO INC. <005073>	
3. Address of Operator 10 Desta Drive Ste 100 W. Midland. TX 79705	
4. Well Location M 710 SOUTH 420 WEST Unit Letter : Foot From The Line and Foot From The Line Section 02 Township 20 S Range 38 E NMPM LEA County	
10. Elevation (Show whether DF, RKE, 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 <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 OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: 5 YR CIT <input checked="" type="checkbox"/>

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.

3-25-94 MIRU. RUN THE 5 YEAR CASING INTEGRITY TEST REQUIRED FOR THE PERMIT RENEWAL. COPY OF CHART ATTACHED.
WAYNE PRICE OF THE OCD WITNESSED THE TEST.

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

SIGNATURE Bill R. Keathly TITLE SR. REGULATORY SPEC. DATE 6-22-94
TYPE OR PRINT NAME BILL R. KEATHLY TELEPHONE NO. 915-686-5424

(This space for State Use)

APPROVED BY _____ TITLE ORIGINAL SIGNED BY JERRY SEXTON DATE JUN 27 1994
CONDITIONS OF APPROVAL, IF ANY: _____