

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.	30-025-25836
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 Wildcat	SALT SECTION
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	GR 3580'

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 <input checked="" type="checkbox"/> BRINE WELL	2. Name of Operator CONOCO INC.
3. Address of Operator 10 Desta Drive STE 100W. Midland, TX 79705	4. Well Location Unit Letter M : 710 Feet From The SOUTH Line and 120' 420 Feet From The WEST Line Section 2 Township 20S Range 38E NMMPM LEA County

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"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER: <input 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.	

3-30-92 MIRU. POOH W/ RBP AT 1400.
CLEAN OUT HOLE TO 2160'. PUT WELL IN SERVICE.
CHECKED SP. GRV OF WATER AT 1.1
RIG DOWN
4-7-92 WELL RETURNED TO SERVICE.

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

SIGNATURE <u>Bill R. Keathly</u>	TITLE <u>SR STAFF ANALYST</u>	DATE <u>5-8-92</u>
TYPE OR PRINT NAME <u>BILL R. KEATHLY</u>	TELEPHONE NO. <u>915-686-5424</u>	

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: