Submit 3 Copies

## State of New Mexico

\_ DATE \_

to Appropriate District Office	Energy, Minerals and Natural Resources Department		Revised 1-1-89	
DISTRICT I P.O. Box 1980, Hobbs, NM 88240  OIL CONSERVATION DIVISION		WELL API NO.		
, , , , , , , , , , , , , , , , , , , ,	P.O. Box 2088		30-025-25836	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico 87504-2088		5. Indicate Type of Lease	
DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410  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.)		STATE X FEE		
		6. State Oil & Gas Lease No.		
			B-9652	
		7. Lease Name or Unit Agreement Name		
I. Type of Well:	,	· · · · · · · · · · · · · · · · · · ·	Warren McKee	
OIL GAS WELL	oner Brine	Well		
2. Name of Operator		8. Well No.		
Conoco, Inc.		1		
3. Address of Operator	00W Midland TY 70705-4500		9. Pool name or Wildcat	
10 Desta Dr., STE 100W, Midland, TX 79705-4500  4. Well Locauon		Salt Section		
Unit LetterM : 710	Feet From The South	Line and 120 4	420 Feet From The West Line	
Section 2		205	Name I o a	
	10. Elevation i Show whether	DF. RKB, RT, GR, etc.)	NMPM County	
	GR 3580'			
11. Check A	Appropriate Box to Indicate 1	Nature of Notice, R	eport, or Other Data	
NOTICE OF INT			SEQUENT 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 CE	MENT JOB	
OTHER: Re-Activate	X	OTHER:		
12. Describe Proposed or Completed Operations work) SEE RULE 1103.	ions (Clearly state all pertinent details, an	d give pertinent dates, includ	ling estimated date of starting any proposed	
<ol> <li>Retrieve RB</li> <li>Clean out h</li> </ol>	-activate this well for P from 1400'. ole to 2340'. rine production.	r brine product:	ion as follows:	
3. Return to b	Time production.			
3. Keturn to b	rine production.			
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		pelief.		
I hereby certify that the information above is true.  SIGNATURE	and complete to the best of my knowledge and b		Lon Coordinator 6/14/91	
I hereby certify that the information above is true	and complete to the best of my knowledge and b		on Coordinator 6/14/91  TELEPHONE NO(915) 686-65	

CONDITIONS OF APPROVAL, IF ANY:

APPROVED BY ...