Submit 3 Copies to Appropriate District Office

CONDITIONS OF APPROVAL, IP ANY:

State of Nev Mexico Energy, Minerals and Natural Resources Department

Form C-103

Revised 1-1-89

P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVA'TION DIVIS P.O. Box 2088	ION WELL API NO.
DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088	
DISTRICT III	5. Indicate Type of Lease STATE FEE FEE
1000 Rio Brazos Rd., Aztec, NM 87410	6. State Gil & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS	
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BAC DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	7. Lease Name or Unit Agreement Name
1. Type of Well: Oil. WELL GAS WELL OTHER PLANO SATE	Warren McKee
2. Name of Operator Anoco Auc.	8. Well No.
3. Address of Operator D. Barr 110 - 4/0/// 1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/	9. Pool name or Wildcat
4. Well Location	240 Warren Thekee
Unit Letter : //O Feet From The South Line and	420 Feet From The WIST Line
Section Township 205 Range 38	E NMPM SQ County
10. Elevation (Show whether DF, RKB, RT, GR	R, etc.)
11. Check Appropriate Box to Indicate Nature of No.	otice, Report, or Other Data
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL W	ORK ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE	DRILLING OPNS. PLUG AND ABANDONMENT
DUILL OR ALTER CARING	T AND CEMENT JOB
OTHER: OTHER:	Empsily Handon &
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dwork) SEE RULE 1103.	lates, including estimated date of starting any proposed
2/15/90 POOH w/thg. Set RBP@1405.	Test caring to 500# for
15 minutes. Held. Circulate well bo pluid Apot 2 sts sand on A fluid. Chart and well box did	re w/150 Bbl packes
wind Sout 2 set sand on t	PRO TOO WELL ALL WIPEN
Death Sparies and Miles of	Dr. 105 was spirit
fluid. Chart and well vose all	igiam allached.
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	1. 0. 1
SIGNATURE SIGNATURE DASCI	Vation Coordinator DATE 3/2/90
TYPE OR PRINT NAME HA INGRAM	TELEPHONE NO. 397-570
(This space for State Use) ORIGINAL SIGNED BY JERRY SEXTON	1112 4 4 4000
DISTRICT I SUPERVISOR	MAR 1 6 1990
APPROVED BY TITLE	DATE