

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

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

WELL API NO.  
30-025-02856

5. Indicate Type of Lease  
STATE  FEE

6. State Oil & Gas Lease No.  
V-1520

7. Lease Name or Unit Agreement Name  
New Mexico AC State

8. Well No.  
1

9. Pool name or Wildcat  
South Shoe Bar Atoka

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
3926' GR

**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  GAS WELL  OTHER

2. Name of Operator  
McElvain Oil & Gas Properties, Inc. (22044)

3. Address of Operator  
P.O. Box 2148, Santa Fe, NM 87504-2148

4. Well Location  
Unit Letter H : 1980 Feet From The North Line and 660 Feet From The East Line  
Section 22 Township 17 South Range 35 East NMPM Lea County

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER: <input type="checkbox"/>	CASING TEST AND CEMENT JOB <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.

SEE ATTACHED REPORT

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

SIGNATURE Anna M. Griego TITLE Expl. & Prod. Administrator DATE 8/31/95

TYPE OR PRINT NAME Anna M. Griego TELEPHONE NO. 505-982-1935

(This space for State Use)

APPROVED BY [Signature] TITLE OIL & GAS INSPECTOR DATE DEC 21 1995

CONDITIONS OF APPROVAL, IF ANY: