Submit 3 Copies To Appropriate District Office	State of New Mexico			Form C-103	
District I	Energy, Minerals and N	Vatural Resources	WELL ADINO	Revised March 25, 1999	
District II			WELL API NO. 30-039-26672	4	
811 Suiffu	OIL CONSERVATI		5. Indicate Type	of Lease	
POUR UBE G RAL AZEC, NIMEY, NO.	1220 South St. I		STATE C		
District IV	Santa Fe, NM	1 87505	6. State Oil & C		
1220 S. St. Francis Dr., Santa Fe, NM 87505					
SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name or	Unit Agreement Name:	
(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.)			Bear Com 28		
1. Type of Well:					
Oil Well Gas Well X Other					
2. Name of Operator			7. Well No.		
McElvain Oil & Gas Properties, Inc  3. Address of Operator			8. Pool name or	Wildoot	
1050 17 <sup>th</sup> Street, Suite 1800, Denver, Colorado 80265			Blanco Mesa		
4. Well Location			Dianeo iviesa	V C/CC	
Unit Letter <u>D</u> <u>790</u> feet from the <u>North</u> line and <u>1040</u> feet from the <u>West</u> line					
Section 28	Township 26N			io Arriba County	
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 7389' GL					
11. Check Ap	propriate Box to Indicate	e Nature of Notice.	Report or Other	Data	
NOTICE OF INT			SEQUENT RE		
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WOR		ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DR	COMMENCE DRILLING OPNS. PLUG AND		
PULL OR ALTER CASING	MULTIPLE	CASING TEST A	ABANDONMENT CASING TEST AND		
	COMPLETION	CEMENT JOB			
OTHER:		OTHER: W	ell Number Change	X.	
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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.					
McElvain Oil & Gas Properties, Inc.	has changed the well name to	Bear:Com-28_#1A.	TEVE TO THE		
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			C. L. Care		
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I hereby certify that the information a	loove is trate and complete to	tne best of my knowled	age and belief.		

I hereby certify that the intermation above is true and complete to the best of my knowledge and belief.					
SIGNATURE / Comb / Sully	TITLE	Agent	DATE <u>7/19/01</u>		
Type or print name Charles Neeley			Telephone No. 505-325-5220		
(This space for State use)					
APPPROVED BY Conditions of approval, if any:	TITLE	<del></del>	DATE		
conditions of approval, it ally.					