Submit 3 Copies To Appropriate District Office	State of New Mexico	Form C-103
District I Energy	y, Minerals and Natural Resources	Revised May 08, 2003 WELL API NO.
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u>	CONSERVATION DIVISION	30-039-26668
District III	1220 South St. Francis Dr.	5. Indicate Type of Lease STATE ☐ FEE ☑
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87505	STATE FEE 6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM		
SUNDRY NOTICES AND F		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		Cougar Com 4
PROPOSALS.)		8. Well Number
1. Type of Well: Oil Well Gas Well V Other		2A
2. Name of Operator McElvain Oil & Gas Properties, Inc.		9. OGRID Number
3. Address of Operator 1050 17th St., Suite 1800, Denver, CO 80265		10. Pool name or Wildcat Blanco Mesaverde
4. Well Location		
Unit Letter M : 935 f	Feet from theSouth line and _	835 feet from the West line
Section 4	Township 25N Range 2W	NMPM County Rio Arriba
	ion (Show whether DR, RKB, RT, GR,	
12 Charle Appropriat	7496' GL	Danast an Other Date
NOTICE OF INTENTION	e Box to Indicate Nature of Notice	JBSEQUENT REPORT OF:
	D ABANDON REMEDIAL W	
TEMPORARILY ABANDON CHANGE	PLANS	DRILLING OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING MULTIPLE COMPLET		T AND
OTHER:	OTHER: Tem	oorarily Abandon
13. 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 recompletion.		
McElvain Oil and Gas Properties, Inc. requests a long-term shut in due to pipeline issues. The casing was tested to 2500 psig. on 7/7/03.		
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I hereby certify that the information above is true		edge and belief.
I hereby certify that the information above is true	e and complete to the best of my knowle	
I hereby certify that the information above is true SIGNATURE	e and complete to the best of my knowle TITLE Engineering Ma na	
I hereby certify that the information above is true SIGNATURE Type or print name John D. Steuble	e and complete to the best of my knowle TITLE Engineering Ma na	
I hereby certify that the information above is true SIGNATURE	e and complete to the best of my knowle TITLE Engineering Ma na	DATE 6/23/04 Telephone No. 303-893-0933