Submit 3 Copies to Appropriate -

State of New Mexico Energy, Minerals and Natural Resources Department

Førm	C-103
1	

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 OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504

WELL	API	NO.	

3	0	_	0	3/9	_	2	6	3	9	:

5. Indicate Type of Lease

STATE FEE 🗹 6. State Oil & Gas Lease No.

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	SUNDRY NOTICES AN	ID REPORTS ON V	WELLSTON DIN	, 5
(DO NOT USE T	HIS FORM FOR PROPOSALS TO DIFFERENT RESERVOIR. USE	DRILL OR TO DEEPE	N OR PHAG BACK	∢то,₽У
	DIFFERENT RESERVOIR. USE	"APPLICATION FOR* UCH PROPOSALS.)ヾ゚゙	PERMIT"	0.¥
	(FORM C-101) FOR 3	OCH PROPOSALS.)	0,	~~~
1. Type of Well:		·	1115 10 14 Se	
OIL	GAS 🔽	A	Charle Clarks	
WELL L	WELL L	OTHER		

7. Lease Name or Unit Agreement Name

Bear Com 23 8. Well No.

Feet From The

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

3. Address of Operator 1050 17th Street, Suite 1800, Denver, CO 80265

9. Pool name or Wildcat

Gavilan Mancos

1

4. Well Location

11.

:___1100

Line and _ North

1100

Section

Township 26N

__ Feet From The

Range 10. Elevation (Show whether DF,RKB,RT,GR,etc.) **NMPM**

7496' GL

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

NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK ☐ ALTERING CASING PLUG AND ABANDON REMEDIAL WORK PLUG AND ABANDONMENT COMMENCE DRILLING OPNS. **CHANGE PLANS TEMPORARILY ABANDON PULL OR ALTER CASING** CASING TEST AND CEMENT JOB OTHER: Abandonment of zones OTHER:

12. Describe Proposed or Completed

(Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work)

The following procedure was performed to permanently abandon the Gallup zone:

Run CIBP set @ 8223', capped w/35' of cmt. CIBP set @ 8056', capped w/35' of cmt. CIBP set @ 7093', capped w/35' of cmt. CIBP set @ 6174', capped w/35' of cmt.

All zones below and including the Gavilon Mancos have been permanently abandoned.



I hereby certify that the information above to true and complete to the best of my knowledge and belief.						
SIGNATURE JOHN Stubb	TITLE <u>Engineering Manager</u>	DATE 9/25/01				
TYPE OR PRINT NAME John D. Steuble		TELEPHONE NO. (303) 893-0933				
(This space for State Use)						
APPROVED BYCONDITIONS OF APPROVAL, IF ANY:	TITLE	DATE				