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LAND OFFICE	
OPERATOR	3

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-100
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. OG-648	
7. Unit Agreement Name	
8. Farm or Lease Name Mark State	
9. Well No. 2	
10. Field and Pool, or Wildcat Undesignated <i>millman</i>	
11. Elevation (Show whether DF, RT, GR, etc.) 3514 DF	
12. County Lea	

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. Name of Operator Jack L. McClellan ✓	
3. Address of Operator P. O. Box 848, Roswell, New Mexico	
4. Location of Well UNIT LETTER <u>F</u> <u>2310</u> FEET FROM THE <u>North</u> LINE AND <u>2310</u> FEET FROM <u>West</u> LINE, SECTION <u>18</u> TOWNSHIP <u>19-S</u> RANGE <u>28-E</u> N.M.P.M.	
15. Elevation (Show whether DF, RT, GR, etc.) 3514 DF	

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

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 type="checkbox"/>
REEL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>

17. 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.

April 10, 1965: Set 407' of New, 8-5/8" OD 8 Rd., 20# casing. Cemented with 50 sacks.
Waited 24 hours. Drilled out plug. No water. Drilled ahead.

This work performed by Denton Oil Well Cementing Company.

RECEIVED

JUN 2 1965

**O. C. C.
ARTEBIA, OFFICE**

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

SIGNED <u>Jack L. McClellan</u>	TITLE <u>Operator</u>	DATE <u>May 26, 1965</u>
APPROVED BY <u>M. L. Armstrong</u>	TITLE <u>Assistant Secretary</u>	DATE <u>JUN 2 1965</u>

CONDITIONS OF APPROVAL, IF ANY: