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NEW MEXICO OIL CONSERVATION COMMISSION

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

30-031-20131

5a. Indicate Type of Lease	State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.		

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. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Dry Hole	7. Unit Agreement Name
2. Name of Operator James C. Vandiver	8. Farm or Lease Name Janie Mae
3. Address of Operator P. O. Box 202 Farmington, N. M. 87401	9. Well No. 1
4. Location of Well UNIT LETTER G , 1500 FEET FROM THE North LINE AND 2160 FEET FROM THE East LINE, SECTION 25 TOWNSHIP 14 N RANGE 8 W NMPM.	10. Field and Pool, or Wildcat Wildcat
15. Elevation (Show whether DF, RT, GR, etc.) 7072 Gr.	12. County McKinley

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

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☒
CHANGE PLANS ☐
OTHER ☐

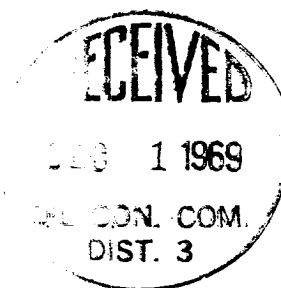
SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐
OTHER ☐

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.

Total Depth 1390

It is intended that the subject well will be abandon by placement of a 50 foot cement plug 1075-1125, with second plug 500-550, surface casing plug, placement of standard 4X4 dry hole marker, pits covered, location cleaned and leveled.



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

SIGNED <u>James C. Vandiver</u>	TITLE <u>Operator</u>	DATE <u>11-14-1969</u>
APPROVED BY <u>Emmy Oliver</u>	TITLE <u>Sup Dist 14</u>	DATE <u>12-1-69</u>
CONDITIONS OF APPROVAL, IF ANY:		