

NEW MEXICO OIL CONSERVATION COMMISSION

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LAND OFFICE	
OPERATOR	3

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.)

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. <b>E 8879</b>
7. Unit Agreement Name
8. Farm or Lease Name <b>MCALISTER STATE</b>
9. Well No. <b>3</b>
10. Field and Pool, or Wildcat <b>COYOTE QUEEN</b>
12. County <b>CHAVES</b>

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator <b>DR. SAM G. DUNN</b>
3. Address of Operator <b>P. O. BOX 192, ARTESIA, NEW MEXICO 88210</b>
4. Location of Well UNIT LETTER <b>M</b> , <b>330</b> FEET FROM THE <b>SOUTH</b> LINE AND <b>330</b> FEET FROM THE <b>WEST</b> LINE, SECTION <b>10</b> TOWNSHIP <b>11-S</b> RANGE <b>27-E</b> NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) <b>3675</b>

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input 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.

**6-14-67 TREATED WITH 500 GAL OF 15% ACID, 10,000 GAL OF JELLED SALT WATER, 21,000 LB. OF SAND. STILL HAVE SWABBING UNIT ON WELL. SWABBING.**

RECEIVED

JUL 3 1967

ACT. DIV. OF OIL

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

SIGNED <u>Thomas Hunt</u>	TITLE <u>AGENT</u>	DATE <u>7-28-67</u>
APPROVED BY <u>R. L. Hunt</u>	TITLE <u>MANAGER</u>	DATE <u>AUG 1 1967</u>
CONDITIONS OF APPROVAL, IF ANY:		