

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103  
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. <b>E 8879</b>

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator <b>Dr. Sam G. Dunn</b>	8. Farm or Lease Name <b>McAlester State</b>
3. Address of Operator <b>P.O. Box 192 Artesia, N.M. 88210</b>	9. Well No. <b>6</b>
4. Location of Well UNIT LETTER <b>K</b> , <b>1980</b> FEET FROM THE <b>S</b> LINE AND <b>2310</b> FEET FROM THE <b>W</b> LINE, SECTION <b>10</b> TOWNSHIP <b>11-S</b> RANGE <b>27-E.</b> NMPM.	10. Field and Pool, or Wildcat <b>Coyote Queen</b>
15. Elevation (Show whether DF, RT, GR, etc.) <b>3670.9</b>	12. County <b>Chaves</b>

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.

**7-30-1967**

**Perforated 850 to 856 Two Hole per Foot.**

RECEIVED  
AUG 9 1967  
L. O. O.  
LANDING OFFICE

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

SIGNED William Hall TITLE Operator DATE **8-7-1967**

APPROVED BY W. A. Grasset TITLE Assistant Secretary DATE **AUG 9 1967**

CONDITIONS OF APPROVAL, IF ANY: