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Submit 3 Copies o Appropriate District Office	State of New Mexico Energy, Minerals and Natural Resources Department		Form C-103 Revised 1-1-89
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION DIVISION P.O. Box 2088		WELL API NO.
DISTRICT II 2.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico	877787 2988 1992	5. Indicate Type of Lease STATE FEE XX
DISTRICT III 000 Rio Brazos Rd., Aztec, NM 87410		O. C. D. ARTESIA OFFICE	6. State Oil & Gas Lease No. FEE
STINDBY NO.	TICES AND REPORTS ON WE	IIS	
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACI DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			7. Lease Name or Unit Agreement Name
Type of Well:			VAN-EATON LEYENDECKER
OIL GAS WELL C	OTHER		
Name of Operator	7		8. Well No.
Clellan O il Corporat	ion 🗸 🧢 🗀		1
Address of Operator		•	9. Pool name or Wildcat
P.O. Drawer 730	Roswell, New Mexico	88202	Undesignated ABO
Well Location L 19	80 SOUTH	660	\
Unit Letter::	Feet From The	Line and 660	Feet From The WEST Line
Section 22	Township 6-s 10. Elevation (Show wheth		NMPM Chaves County
	4149	·····	
ı. Checl	k Appropriate Box to Indicate	Nature of Notice, R	eport, or Other Data
NOTICE OF I	NTENTION TO:	SUE	SEQUENT REPORT OF:
RFORM REMEDIAL WORK	PLUG AND ABANDON L	REMEDIAL WORK	ALTERING CASING
EMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	G OPNS. PLUG AND ABANDONMENT
ULL OR ALTER CASING		CASING TEST AND C	EMENT JOB
THER:		OTHER:	
Describe Proposed or Completed Opwork) SEE RULE 1103.	perations (Clearly state all persinent details,	and give pertinent dates, inclu	iding estimated date of starting any proposed
5/8" csq 1380'			C.I.B.P. = 5150'- 50'
1/2" csg 6575' 10	•5#	•	T.O.C. = 4200'
3/8" Tbg EUE	n		Perfs. = 5039'-5044'
· · · · · · · · · · · · · · · · · · ·	and propos	77.T	10-10-
COLCIPD OF 400	O! Dimp 36! ont on to		
	0'. Dump 30' cmt. on to		
	nd circulate hole with		ace 100'
. 1rst. plug 4686 4680		10. 60 '- surf	.acc
• Shoot offices. at 4			dry hole marker
	1-20001	3	
	'- 2420 ' 30sx. 2	570-2470	
	'-1330' 30sx. (TAC	2)	
_ _	'- 900' 30sx.	2) ·	
		and belief	
I hereby certify that the information above is	true and complete to the best of my knowledge	anu ocha.	
SIGNATURE THE	DXU	TITLE DRLG. & COME	oletion Eng. DATE 3/19/92

TELEPHONE NO. (505) 622-3200 Mitch Lee TYPE OR PRINT NAME

Notify NM Waggery CONDITIONS OF APPROVAL, IF ANY: