

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division
811 S. 1st Street
Artesia, NM 88210-2834

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

DEC 05 '96

O.C.D.
ARTESIA, OFFICE

5. Lease Designation and Serial No.
M-50415

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

West King Camp Unit #1

9. API Well No.

30-005-63076

10. Field and Pool, or Exploratory Area

South Lone Wolf Devon

11. County or Parish, State

Chaves

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

Thornton Operating Corporation

3. Address and Telephone No.

P. O. Box 833, Midland, TX 79702 (915) 684-4275

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

182' FNL & 507' FWL
Sec. 26, T13S, R29E

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

TYPE OF ACTION

☐ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other Change of name

☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

(Note: Report results of routine completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give surface location and measured and true vertical depths for all markers and zones pertinent to this work.)*

A change of name from West King Camp Unit #1 to McClellan Federal No. 1 needs to be made, as West King Camp Federal Unit NMNM92016X was terminated by the Bureau of Land Management effective April 30, 1996.

RECEIVED
NOV 13 9 10 AM '96

14. I hereby certify that the foregoing is true and correct

Signed Robert Thornton Title President

Date 11/7/96

(This space for Federal or State office use)

Approved by _____
Conditions of approval, if any

Title _____

Date _____