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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. OG-4983

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 JACK L. MCCLELLAN	8. Farm or Lease Name ZAPATA
3. Address of Operator P. O. Box 343, ROSWELL, NEW MEXICO 88201	9. Well No. 1
4. Location of Well UNIT LETTER A , 660 FEET FROM THE NORTH LINE AND 330 FEET FROM THE EAST LINE, SECTION 10 TOWNSHIP 10-S RANGE 32-T NMPM.	10. Field and Pool, or Wildcat WILDCAT
15. Elevation (Show whether DF, RT, GR, etc.) 4333' DF	12. County LEA

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 TEMPORARILY BANDON <input checked="" type="checkbox"/>

SUBSEQUENT REPORT OF:

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

THIS WELL HAS BEEN TEMPORARILY ABANDONED AS THERE ARE PLANS TO ATTEMPT
COMPLETION IN THE EARLY PART OF 1963.

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

SIGNED <u>Jack L. McClellan</u>	TITLE <u>OPERATOR</u>	DATE <u>12/19/67</u>
APPROVED BY <u></u>	TITLE <u></u>	DATE <u></u>
CONDITIONS OF APPROVAL, IF ANY:		