NO. OF COPIES RECEIVED	:		· ·	Form C-103
DISTRIBUTION			HDEEN OFFICE	Supersedes Old C-102 and C-103
SANTA FE	N	IEW MEXICO OIL CONSE	RVATION COMMISSION 13, 13.	Effective 1-1-65
FILE			OCT 11 11 53 AM '67	
U.S.G.S.			53 AM '67	5a. Indicate Type of Lease
LAND OFFICE			., 0,	State Fee.
OPERATOR				5, State Oil & Gas Lease No.
	SUNDRY NOTICE	CAND DEPORTS ON	WELL C	
(DO NOT USE THIS FORM	JUNUK I NUTICE: 4 FOR PROPOSALS TO DRI APPLICATION FOR PERMI	S AND REPORTS ON LL OR TO DEEPEN OF PLUG BAT—" (FORM C-101) FOR SUCH	WELLS CK TO A DIFFERENT RESERVOIR.	
1.		· · · · · · · · · · · · · · · · · · ·	PROFUSACS.	7. Unit Agreement Name
WELL WELL	OTHER+			
2. Name of Operator  JACK L. McCLELLAN AND LAN MARKS  3. Address of Operator  P. O. Box 848, Roswell, New Mexico 88201				8. Farm or Lease Name
				ZAPATA
				9. Well No.
	, KOBWELL, I	AEA WEXICO	00201	
4. Location of Well	660	Natru	330	10. Field and Pool, or Wildcat WILDCAT
UNIT LETTER	, <u>600</u> FE	ET FROM THE NORTH	LINE AND 330	
C	10	10-S	32-E	
THE EAST LIN	E, SECTION	TOWNSHIP TOWNSHIP	RANGE 32 NA	MPM. (
	15	Elevation (Show whether L	F, RT, GR, etc.)	12. County
		43331	_ · _ · · · · ·	LEA
16.	heck Appropriate	Boy To Indicate No	ture of Notice, Report or	Orbos Dose
	OF INTENTION		_	Other Data ENT REPORT OF:
			2020240	IN REPORT OF.
PERFORM REMEDIAL WORK		PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON			COMMENCE DRILLING OPNS.	PLUS AND ABANDONMENT
PULL OR ALTER CASING		CHANGE PLANS	CASING TEST AND CEMENT JOB	
			OTHER	
OTHER CHANGE OF	OPERATOR	<b>Č</b>	,	
	( ) ( ) ( ) ( ) ( ) ( )			The state of the s
work) SEE RULE 1705.	pleted Operations (Crea	iriy state ali pertinent detal	is, and give pertinent dates, inclu	ding estimated date of starting any propo
<b>.</b>	1 106	7 0		
EFFECTIVE OCT	OBER 1, 190	, THE OPERATO	R ON THIS WELL VI	LE BE JACK L.
M.C		au Slife Backer	. New Meyess 88	lanı
MCCLELLAN, PO	ST OFFICE B	OX 040, KOSWEL	L, NEW MEXICO 88	EUI.
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		1	01/10	lan + Len Mayer
1.	- 11 ( ) o		The Orle	lan on
	m fl	2 1 0 1		42
·				mayer
		,		
18. I hereby certify that the inf	ormation above is true	and complete to the best of	my knowledge and belief.	
SIGNED TOOL T	M: CODO_	TITLE	PERATOR	DATE OCTOBER 9, 19
X	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<del></del>		<u> </u>
( ) / ~ ~		ノー		EEA IVAA
APPROVED BY	Mane	TITLE SUPE	WISOR DISTRICT 1	DEC 3 196.
CONDITIONS OF APPROVAL,		7		
TOTAL,				
/ /				