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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 type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	

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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-		7. Unit Agreement Name
2. Name of Operator Cayman Corporation		8. Farm or Lease Name McGuffin
3. Address of Operator P. O. Box 2099, Palos Verdes Peninsula, Calif. 90274		9. Well No. 1
4. Location of Well UNIT LETTER I 1980 FEET FROM THE South LINE AND 810 FEET FROM East 24 9-S 32-E THE LINE, SECTION TOWNSHIP RANGE NMPM.		10. Field and Pool, or Wildcat FLYING TO SOUTHERN
15. Elevation (Show whether DF, RT, GR, etc.) 4369.4 GR		12. County Lea

16.

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐
OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☒
CASING TEST AND CEMENT JOB ☒
OTHER ☐

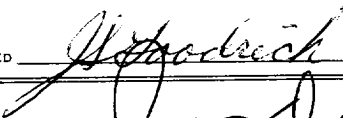
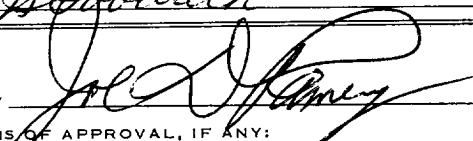
17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

10-2-68 Well spudded 4:30 A.M. 10-2-68

10-2-68 Set 12 joints 13-3/8", 48#, H-40 casing at 376' and cemented with 375 sx. cement with 2% CaCl. Circulated approximately 35 sx cement. Plug down at 4:30 P.M.

10-3-68 WOC 24 hours - Tested casing with 800# for 30 minutes. No leaks.

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

SIGNED 	TITLE Engineer	DATE 10-9-68
APPROVED BY 	TITLE SUPERVISOR DISTRICT 1	DATE 10-9-68
CONDITIONS OF APPROVAL, IF ANY:		