

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
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. B-8251
7. Unit Agreement Name
8. Farm or Lease Name McAlester State "B"
9. Well No. 1
10. Field and Pool, or Wildcat Undesignated
12. County Chaves

SUNDRY NOTICES AND REPORTS ON WELLS <small>(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.)</small>	
1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/>	
2. Name of Operator Cabot Corporation	
3. Address of Operator P. O. Box 4395, Midland, Texas	
4. Location of Well UNIT LETTER L , 660 FEET FROM THE West LINE AND 2130 FEET FROM THE South LINE, SECTION 28 TOWNSHIP 8-S RANGE 33-E NMPM.	
15. Elevation (Show whether DF, RT, GR, etc.) 4380.9 Ground	

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input checked="" 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.

1. Set 8-5/8" 32# & 24# J-55 New & S. H. Casing @ 3620'.
2. Cemented with 350 sacks cement.
3. Plug down 2-6-65. WOC 24 hrs.
4. Tested casing with 1000 PSI for 30 minutes. Tested O. K.

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

SIGNED Perry C. Oquinn TITLE Dist. Prod. Sup't. DATE 2-9-65.
APPROVED BY Joe D. Ramsey TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: