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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.	

## 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 <b>Cabot Corporation</b>		8. Farm or Lease Name <b>McAllister State "B"</b>
3. Address of Operator <b>P. O. Box 4395, Midland, Texas</b>		9. Well No. <b>1</b>
4. Location of Well UNIT LETTER <b>L</b> , <b>660</b> FEET FROM THE <b>West</b> LINE AND <b>2130</b> FEET FROM THE <b>South</b> LINE, SECTION <b>28</b> TOWNSHIP <b>8-S</b> RANGE <b>33-E</b> NMPM.		10. Field and Pool, or Wildcat <b>Undesignated</b>
15. Elevation (Show whether DF, RT, GR, etc.) <b>4380.9 GR</b>		12. County <b>Chaves</b>

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 JOBS <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.

- Spudded 12:30 A. M. 1-28-65.
- Set 13-3/8" 48# H-40 New Casing @ 380'.
- Cemented with 375 sacks Regular cement. Cement circulated to cellar. WOC 24 hours.
- Plug down 7:15 P. M. 1-28-65.
- 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 Percy C. Ogilvie TITLE Dist. Prod. Sup't. DATE 2-1-65

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

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