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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.
OG 2011

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 AULD STATE
3. Address of Operator P. O. Box 848, ROSWELL, NEW MEXICO 88201	9. Well No. 1
4. Location of Well UNIT LETTER A 660 FEET FROM THE NORTH LINE AND 660 FEET FROM EAST LINE, SECTION 21 TOWNSHIP 10-S RANGE 31-E NMPM.	10. Field and Pool, or Wildcat WILDCAT
15. Elevation (Show whether DF, RT, GR, etc.) 4312' K. B.	12. County CHAVES

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"/>	PLUS 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"/>	PLUS AND ABANDONMENT <input checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input type="checkbox"/>

13. 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 WAS PLUGGED AND ABANDONED ON FEBRUARY 23, 1968, AS PER VERBAL INSTRUCTIONS:

25 SX PLUG @ 4081', 25 SX @ 3300' (TOP SAN ANDRES), 25 SX @ 1400' (TOP SALT), 25 SX @ 357' (IN AND OUT OF SURFACE CASING), 10 SX PLUG @ SURFACE.

WORK WAS PERFORMED BY THE HALLIBURTON COMPANY.

13. 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>3/11/68</u>
APPROVED BY <u>John W. Runyan</u>	TITLE <u></u>	DATE <u>3/11/68</u>
CONDITIONS OF APPROVAL, IF ANY:		