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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 - 1" (FORM C-101) FOR SUCH PROPOSALS.)

OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/>	7. Unit Agreement Name
1. Name of Operator JACK L. McCLELLAN	8. Farm or Lease Name AULD STATE
2. Address of Operator P. O. Box 848, ROSWELL, NEW MEXICO 88201	9. Well No. 1
3. Location of Well UNIT LETTER <u>A</u> <u>660</u> FEET FROM THE <u>NORTH</u> LINE AND <u>660</u> FEET FROM THE <u>EAST</u> LINE, SECTION <u>21</u> TOWNSHIP <u>10-S</u> RANGE <u>31-E</u> 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:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <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.

ON FEBRUARY 12, 1968, RAN 345' OF NEW, J-55, 8-5/8", 20 LB. CASING, CEMENTED WITH 200 SX CLASS "H" CEMENT. CEMENT CIRCULATED TO SURFACE. DRILLED OUT FEBRUARY 13. TESTED TO 700 LBS. NO DROP IN PRESSURE.
HALLIBURTON PERFORMED THE WORK.

18. 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 _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		