Submit 3 Copies to Appropriate District Office

## State of New Mexico Energy, ....nerals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT I P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION

	2088 helived 3D-D05-204	159
P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexi	0 8/304-2088	()(
DISTRICT III	AUG 2 2 1991  5. Indicate Type of Lease STATE	FEE _
1000 Rio Brazos Rd., Aztec, NM 87410	O. C. D.  ARTESIA, OFFICE  6. State Oil & Gas Lease No.  K-4894	
SUNDRY NOTICES AND REPORTS ON V ( DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEER DIFFERENT RESERVOIR. USE "APPLICATION FOR (FORM C-101) FOR SUCH PROPOSALS.)	VELLS PEN OR PLUG BACK TO A 7. Leave Name or Unit Agreement A	Vame
1. Type of Well: OIL OAS WELL XX OTHER P &	Sam State Com. A Finalization	
2. Name of Operator	8. Well No.	
McClellan Oil Corporation	#1	
3. Address of Operator P.O. Drawer 730 Roswell, NM 882	9. Pool name or Wildcat Vest Ranch	reen Asse
4. Well Location		
Unit Letter A: 660 Feet From The North Line and 660 Feet From The East Line		
Section 32 Township 14S Range 30E NMPM Chaves County		
10. Elevation (3 Now what	her DF, RKB, RI, GR, etc.)	
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data		
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF		
PERFORM REMEDIAL WORK PLUG AND ABANDON		
TEMPORARILY ABANDON CHANGE PLANS		ANDONMENT EX
PULL OR ALTER CASING CASING CASING TEST AND CEMENT JOB		
OTHER: Finalization :	OTHER:	
12. 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.		
8/13/91 Plug to abandon as follows	3:	
<ol> <li>Set CIBP at 2020' &amp; put 35' cmt on top w/bailer.</li> <li>Circulated hole w/heavy gel H20.</li> <li>lst plug 1812' to 1712' 25 sx         2nd plug 780' to 680' 25 sx         3rd plug 341' to surface Circulated cmt-pulled tubing out of hole and loaded rest of hole w/cmt.</li> </ol>		
<pre>Installed dry hole marker ripped road.</pre>	- filled pit - cut anchor off -	
Location is finalized and	ready for inspection.	
I hereby certify that the information above true and complete to the best of my knowledge		
SIONATURE THE SECONDARY	mme Drlg. & Comp. Engineer DATE 9	21-91

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

OIL & GAS INSPECTOR

CONDITIONS OF APPROVAL, IF ANY: