## State of New Mexico

to Appropriate District Office		Energy, Minerals and Natural Resources Department			Revised 1-1-89		
DISTRICT I P.O. Box 1980, Hobbs, NM 88240  / DISTRICT II P.O. Drawer DD, Artesia, NM 88210  DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410		OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 2088 JUN 0 5 1991		WELL API NO.			
				5. Indicate Type of Lease  STATE X FEE  6. State Oil & Gas Lease No.			
						SUNDRY NOTICES AND REPORTS ON WIETES OFFICE	
( 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.)					7. Lease Name or Unit Agreement Name		
1. Type of Well:					Sam State Com.		
	WELL WELL K OTHER Plug & Abandon  Name of Operator				8. Well No.		
1	McClellan Oil Corporation 505-622-3200				#1		
3. Address of Operator P.O. Drawer 730 Roswell, NM 88202-0730					9. Pool name or Wildcat U. 2 St. Ranch Double L. Queen		
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							
3894 'GL							
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data							
NOTICE OF INTENTION TO: SUB					SSEQUENT REPORT OF:		
PERF	ORM REMEDIAL WORK	PLUG AND ABANDON	X	REMEDIAL WORK		ALTERING CASING	
TEMPORARILY ABANDON		CHANGE PLANS		COMMENCE DRILLING	G OPNS F	PLUG AND ABANDONMENT	
PULL	OR ALTER CASING			CASING TEST AND CE	EMENT JOB		
OTHER:				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.							
				t top - 280' t bottom - 72	25 '		
2 3	<ol> <li>Set CIBP at 2028' &amp; put 35' cmt on top.</li> <li>Circulate hole w/heavy gel H<sub>2</sub>0.</li> <li>1st cmt plug - 1800' to 1700' 25 sx         2nd cmt plug - 775' to 675' 25 sx         3rd cmt plug - 330' to 230' 25 sx (Tag plug)         4th cmt plug - 60' to surface.</li> <li>Install dry hole marker and prep for finalization.</li> </ol>						

SIONATURE .

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

ORIGINAL SECOND SY JURRY SEXTON

DISTABLT I SUPERVISOR

CONDITIONS OF APPROVAL, IF ANY: