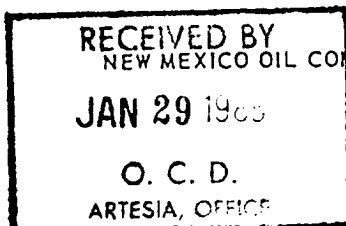


NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	



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. E-5988

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. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-
2. Name of Operator McClellan Oil Corporation
3. Address of Operator P.O. Drawer 730, Roswell, NM 88201
4. Location of Well UNIT LETTER <u>P</u> <u>660</u> FEET FROM THE <u>South</u> LINE AND <u>660</u> FEET FROM THE <u>East</u> LINE, SECTION <u>32</u> TOWNSHIP <u>14S</u> RANGE <u>30E</u> NMPM.

7. Unit Agreement Name
8. Farm or Lease Name Sam State <i>Sam</i>
9. Well No. 2
10. Field and Pool, or Wildcat <i>Double L Queen</i>

15. Elevation (Show whether DF, RT, GR, etc.) 3916.8' G.L.

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"/>	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"/> Workover	CASING TEST AND CEMENT JOB <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.

Due to high line psi, we will be putting production equipment on well capable of handling this and cleaning out of well bore in an attempt to better production. Workover is to begin the week of 1/28/85.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED *Mark Lee* TITLE Production Engineer DATE 1/28/85

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE FEB - 5 1985

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

FEB - 4 1985

C.A.D.
HONORS OFFICE