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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 type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	

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 checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		7. Unit Agreement Name
2. Name of Operator JACK L. McCLELLAN		8. Farm or Lease Name DYE
3. Address of Operator Box 848, ROSWELL, NEW MEXICO 88201		9. Well No. 1
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 <u>EAST</u> LINE, SECTION <u>28</u> TOWNSHIP <u>13-S</u> RANGE <u>34-E</u> N.M.P.M.		10. Field and Pool, or Wildcat UNDESIGNATED
15. Elevation (Show whether DF, RT, GR, etc.) 4145' G. L.		12. County LEA

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"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <u>SURFACE CASING</u> <input checked="" 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.

THIS REPORT FILED TO CORRECT INFORMATION ORIGINALLY FILED AS FOLLOWS:

AMOUNT OF 12-3/4" CASING SET CHANGED FROM 421.26' TO 390'.

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

SIGNED Lara Taylor TITLE SECRETARY DATE 2/13/69

APPROVED BY [Signature] TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: