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NEW MEXICO OIL CONSERVATION COMMISSION
 JAN 12 2 59 PM '67

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. 7-11-071
7. Unit Agreement Name
8. Farm or Lease Name Rtato X
9. Well No. 1
10. Field and Pool, or Wildcat Vacuum (C-GR)
12. County Lola

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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator McLure Oil Corporation
3. Address of Operator P.O. Box 1633, Midland, Texas
4. Location of Well UNIT LETTER 7, 660 FEET FROM THE North LINE AND 1980 FEET FROM THE East LINE, SECTION 7 TOWNSHIP 17S RANGE 34E NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 1122 GP

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 JOBS <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> Temporarily Abandoned

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.

TD 4703!
 Studying for workover.

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

SIGNED J. A. Payne TITLE Authorized Agent DATE 1/7/67

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

APPROVED