Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

"A 13 1997

- DATE -

Members All Alleman Annual Services	T.
P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION DIVISION 2040 Pacheco St.	WELL API NO.
DISTRICT II Santa Fe, NM 87505	30-025-33789
DISTRICT III	5. Indicate Type of Lease STATE FEE X
1000 Rio Brazos Rd., Aztec, NM 87410	6. State Oil & Gas Lesse No.
OLINIDOV MOTIOSO AND DEPOSITO	20191
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.)	7. Lease Name or Unit Agreement Name
Type of Well: Oil GAS WELL OTHER	Foster
Name of Operator McClure Oil Company, Inc.	8. Well No.
Address of Operator	D Dool on a Wildow
P.O. Box 14, Midland TX 79702	9. Pool name or Wildcat Foster (San Andres)
Well Location E 1980 North 330	••
Unit Letter E: 1980 Feet From The North Line and 330	Feet From The West Line
Section 5 Township 19S Research 39E	Lea
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	County
Check Appropriate Box to Indicate Nature of Notice, R	
REFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
LL OR ALTER CASING CASING TEST AND CE	== 130 MINDOMMENT
LL OR ALTER CASING CASING TEST AND CE OTHER: Describe Proposed or Completed Operations (Clearly state all pertinent details, and sine pertinent details)	EMENT JOB
LL OR ALTER CASING CASING TEST AND CE OTHER: Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, inclusivery). SEE RULE 1103. Propose to change total depth from 47	EMENT JOB
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CASING TEST AND CE THER: Describe Proposed or Completed Operations (Clearly state all persinent details, and give persinent dates, inclusivery). SEE RULE 1103. Propose to change total depth from 47 approval from OCD.) The completed Operations (Clearly state all persinent details, and give persinent dates, inclusively). SEE RULE 1103. Propose to change total depth from 47 approval from OCD.)	ding estimated date of starting any proposed 00' to 6500'. (Verbal

- TITLE -

BISTRICT 1 SUPERVISION

APPROVED BY -

CONDITIONS OF AFTEDVAL, IF ANY: