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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

SUNDRY NOTICES AND REPORTS ON WELLS <small>(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.)</small>		5a. Indicate Type of Lease State <input type="checkbox"/> Fee <input checked="" type="checkbox"/>
		5. State Oil & Gas Lease No.
1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <u>Temporarily P & A</u>		7. Unit Agreement Name
2. Name of Operator <u>McCulloch Oil Corporation</u>		8. Farm or Lease Name <u>Sun-Hair</u>
3. Address of Operator <u>2000 Classen Bldg., Suite 614-East, Oklahoma City, Okla. 73106</u>		9. Well No. <u>1</u>
4. Location of Well UNIT LETTER <u>D</u> <u>554</u> FEET FROM THE <u>North</u> LINE AND <u>554</u> FEET FROM THE <u>West</u> LINE, SECTION <u>11</u> TOWNSHIP <u>24S</u> RANGE <u>37E</u> NMPM.		10. Field and Pool, or Wildcat <u>Fowler (Upper Yeso)</u>
15. Elevation (Show whether DF, RT, GR, etc.) <u>3221' GR; 3231' KB</u>		12. County <u>Lea</u>

16. 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 checked="" 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 JOB <input type="checkbox"/>	OTHER <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.

Capped braden head with blind flange. Well temporarily abandoned pending completion of remedial work on offsetting producer.

Expires ³ ~~10~~ / 1 / 75

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNED <u>Charles Watkins</u>	TITLE <u>Charles Watkins</u> <u>Dist. Prod. Supt.</u>	DATE <u>10-21-74</u>	
APPROVED BY <u>Joe D. Ramsey</u>	TITLE <u>Dist. 1, Superv</u>	DATE <u>10-21-74</u>	
CONDITIONS OF APPROVAL, IF ANY:			