

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-73

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SANTA FE	1
FILE	1 ✓
U.S.G.S.	
LAND OFFICE	
OPERATOR	1

5 1980

5a. Indicate Type of Lease	
State ☒	Fee ☐
5. State Oil & Gas Lease No.	
L-5026	

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO GREEN OR PLUG BACK TO A DIFFERENT WELL. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL ☐ WELL GAS ☐ WELL OTHER- Dry		7. Unit Agreement Name
2. Name of Operator McClellan Oil Corporation ✓		8. Farm or Lease Name Camp State
3. Address of Operator Drawer 730, Roswell, New Mexico 88201		9. Well No. 1
4. Location of Well UNIT LETTER H 1980 FEET FROM THE North LINE AND 880 FEET FROM THE East LINE, SECTION 6 TOWNSHIP 4-S RANGE 26E N.M.P.M.		10. Field and Pool, or Wildcat Wildcat
15. Elevation (Show whether DF, RT, GR, etc.) 3904' G.L.		12. County Chaves

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPS. ☐	PLUG AND ABANDONMENT ☒
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOB ☐	OTHER ☐

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.

8/22 - 8/25/80: Spotted 25 sx plug 4125'. Shot csg. off @ 3530'.
 Spotted 35 sx plug. 3580-3471'. Spotted 35 sx
 plug @ 1950-1850'. Spotted 40 sx plug @ 1550-1429'.
 10 sx plug @ surface. Heavy mud pumped between all
 plugs. Set dry hole marker. Will restore surface
 to as near original condition as possible.

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

SIGNED <u>James J. McClellan</u>	TITLE <u>Operator</u>	DATE <u>9/3/80</u>
APPROVED BY <u>Mark Stuppfield</u>	TITLE <u>OIL AND GAS INSPECTOR</u>	DATE <u>OCT 28 1980</u>

CONDITIONS OF APPROVAL, IF ANY: