NO. OF COPIES RECEIVED	Form C-103
DISTRIBUTION REL. VED	Supersedes Old C-102 and C-103 Effective 1-1-65
FILE 1 / MAY 2 7 1381	5a. Indicate Type of Lease
LAND OFFICE	State Fee, V
OPERATOR (), C	5. State Oil & Gas Lease No.
	- The Pase
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 GAS WELL A OTHER- 2. Name of Operator	7. Unit Agreement Name
McClellan Oil Corporation	8. Farm or Lease Name Jack L
3. Address of Operator	9. Well No.
Drawer 730 Roswell N.M. 88201 4. Location of Well	2 10. Field and Pool, or Wildcat
UNIT LETTER M	
THE West LINE, SECTION 14 TOWNSHIP 6-S RANGE 27-E NMPM	
15. Elevation (Show whether DF, RT, GR, etc.)	12, County
4106 G.L.	Chaves
Check Appropriate Box To Indicate Nature of Notice, Report or Ot	
	T REPORT OF:
PERFORM REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	PLUG AND ABANDONMENT
PULL OR ALTER CASING L CHANGE PLANS CASING TEST AND CEMENT JOB OTHER COMPLETION ATT	empt [X]
OTHER	
17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including work) SEE RULE 1103.	g estimated date of starting any proposed
2/25/81 Recemented 4 1/2" liner from 4970'-5046' with 35 sacks of Class C w/.2%	
CFR-2 & 3# salt	•
2/26-2/28/81 Drilled out SV-EZ drill @ 5042' and cement to 5046' 3/02/81 Perforated 5017-5026 w/2JSPF and ran RTTS and 2 3/8" tubing to 4978'	
3/03/81 Acidized w/2000 gals 15% NE acid + N	
3/16/81 Acidized w/5000 gals MOD-101 acid + N <sub>2</sub> 3/17-3/25/81 Swabbing load water back	
4/08/81 Fracture treated perfs (5017-5026) w/20000 gals Titan-III gel and 25% CO2	
w/42,500 lbs. of 100# mesh and 20/40 sand	
4/09-4/20/81 Swabbing frac load water back 4/21/81 Ran R-4 packer and 2 3/8" tubing to 4875' and swabbing load water back	
5-08-81 Swabbed tubing dry and rigged down pulling unit	
5/09-5/22/81 Shut in for pressure build ups. Blowing well periodically to unload frac treatment water. No production test to be made until treatment	
water is fully recovered.	i treatment
18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNED FITLE Production Engineer	
	JUN 0 8 1981
APPROVED BY A CLASSET TITLE SUPERVISOR, DISTRICT N	DATE
CONDITIONS OF APPROVAL, IF ANY:	