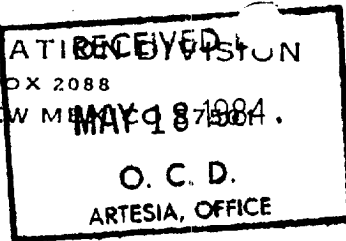


STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87504



Form C-103
Revised 10-1-78

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

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 ☐ GAS WELL ☒ OTHER-
2. Name of Operator
McClellan Oil Corporation ✓
3. Address of Operator
P.O. Drawer 730, Roswell, NM 88201
4. Location of Well
UNIT LETTER A 990 FEET FROM THE North LINE AND 660 FEET FROM
THE East LINE, SECTION 8 TOWNSHIP 9-S RANGE 25-E NMPM.

7. Unit Agreement Name
8. Farm or Lease Name
Breakers Fee
9. Well No.
1
10. Field and Pool, or Wildcat
S. Pecos Slope Abo
12. County
Chaves

15. Elevation (Show whether DF, RT, GR, etc.)
3652' G.L.

6. 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 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 checked="" type="checkbox"/>	OTHER <input type="checkbox"/>

7. 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.

5/15/84: Desert Drilling spudded well.

5/16/84: Drilling to a total depth of 905'. Ran 895' of 8-5/8", 24# casing. Cemented with 300 sx Halliburton Lite 1/4# Flocele 2% CaCL, 250 sx Class "C" 2% CaCL. Circulated 25 sx.

5/17/84: WOC - 18 hours. Nipple up, test casing & BOP to 1000 psi. Resume drilling after 18 hours.

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

SIGNED Mark Lee

TITLE Production Engineer

DATE 5/17/84

Original Signed By

Loris A. Clements

Supervisor District II

PROVED BY _____

TITLE _____

DATE MAY 21 1984

CONDITIONS OF APPROVAL, IF ANY: