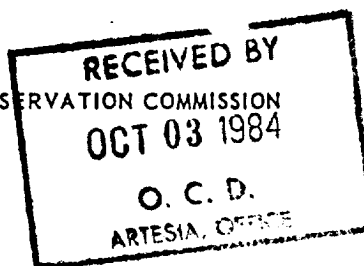


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NEW MEXICO OIL CONSERVATION COMMISSION



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

SUNDRY NOTICES AND REPORTS ON WELLS
(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.)

OIL WELL ☐ GAS WELL ☒ OTHER- _____

Name of Operator
McClellan Oil Corporation

Address of Operator
P. O. Drawer 730, Roswell, NM 88202

Location of Well
UNIT LETTER D 660 FEET FROM THE North LINE AND 1200 FEET FROM
THE West LINE, SECTION 27 TOWNSHIP 6-S RANGE 27-E NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)
4118 G.L.

5a. Indicate Type of Lease
State ☐ Fee ☒

5. State Oil & Gas Lease No.

7. Unit Agreement Name

8. Farm or Lease Name
Smith Fee

9. Well No.
1

10. Field and Pool, or Wildcat
Undesignated Abo

12. County
Chaves

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"/>
WELL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input checked="" type="checkbox"/>	

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.

9-30-84 Spudded w/ 12-1'4" bit. Drilled to 1400 ft. Ran 1400 ft. 8-5'8", 241b/ft.
new casing. Cemented w/450 sx PaceSetter Lite and 250 sx Class C w/2% CaCl₂.
Circulated 125 sx. WOC - 18 hrs. N.U. BOP's. Tested to 1000 psi for 30 minutes.
Drill out w/7-7/8" bit.

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

SIGNED Paul Regardale TITLE Operations Manager DATE 10-1-84

PROVED BY Leslie A. Clements TITLE Supervisor District II DATE OCT 4 1984

CONDITIONS OF APPROVAL, IF ANY: