

NO. OF COPIES RECEIVED	5
DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.G.S.	2
LAND OFFICE	
OPERATOR	

# RECEIVED

## NEW MEXICO OIL CONSERVATION COMMISSION WELL COMPLETION REPORT AND LOG

**O.C.C.**  
ARTESIA, OFFICE

Form C-105  
Revised 11-4-74

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	

1a. TYPE OF WELL	
OIL WELL <input type="checkbox"/>	GAS WELL <input type="checkbox"/> DRY <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>
b. TYPE OF COMPLETION	
NEW WELL <input type="checkbox"/>	WORK OVER <input type="checkbox"/> DEEPEN <input type="checkbox"/>
PLUG BACK <input type="checkbox"/>	DIFF. RESVR. <input type="checkbox"/> OTHER <input type="checkbox"/>

7. Unit Agreement Name
------------------------

8. Farm or Lease Name
Fee "76"

2. Name of Operator
McClellan Oil Corporation

9. Well No.
1

3. Address of Operator
P. O. Box 848, Roswell, New Mexico 88201

10. Field and Pool, or Wildcat
Wildcat

4. Location of Well
UNIT LETTER <u>F</u> LOCATED <u>2310</u> FEET FROM THE <u>North</u> LINE AND <u>1650</u> FEET FROM

12. County
Eddy

THE <u>West</u> LINE OF SEC. <u>9</u> TWP. <u>24-S</u> RGE. <u>27-E</u> NMPM
--

15. Date Spudded	16. Date T.D. Reached	17. Date Compl. (Ready to Prod.)	18. Elevations (DF, RKB, RT, GR, etc.)	19. Elev. Casinghead
12/28/76	1/24/77	P&A 1-25-77	3152' GR	

20. Total Depth	21. Plug Back T.D.	22. If Multiple Compl., How Many	23. Intervals Drilled By	Rotary Tools	Cable Tools
2250	None	None	None	None	0 - TD

24. Producing Interval(s), of this completion - Top, Bottom, Name	25. Was Directional Survey Made
None	No

26. Type Electric and Other Logs Run	27. Was Well Cored
None (3 copies of sample log attached)	No

28. CASING RECORD (Report all strings set in well)					
CASING SIZE	WEIGHT LB./FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
13-3/8"	32#	41'	15"	Set	None
8-5/8"	23#	347'	12 1/2"	100 sx	None

29. LINER RECORD					30. TUBING RECORD		
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	SIZE	DEPTH SET	PACKER SET
None							

31. Perforation Record (Interval, size and number)	32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
	DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED
	None	

33. PRODUCTION							
Date First Production		Production Method (Flowing, gas lift, pumping - Size and type pump)				Well Status (Prod. or Shut-in)	
None							
Date of Test	Hours Tested	Choke Size	Prod'n. For Test Period	Oil - Bbl.	Gas - MCF	Water - Bbl.	Gas - Oil Ratio
Flow Taking Press.	Casing Pressure	Calculated 24-Hour Rate	Oil - Bbl.	Gas - MCF	Water - Bbl.	Oil Gravity - API (Corr.)	

34. Disposition of Gas (Sold, used for fuel, vented, etc.)	Test Witnessed By

35. List of Attachments
3 copies of sample description

36. I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief.

SIGNED <u>Paul J. McClellan</u>	TITLE <u>Operator</u>	DATE <u>1/29/77</u>
---------------------------------	-----------------------	---------------------