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O. C. D.
ARTESIA, OFFICE

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 ☒ Water Disposal

1. Name of Operator
McClellan Oil Corporation

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

3. Location of Well
UNIT LETTER P 660 FEET FROM THE South LINE AND 660 FEET FROM
THE East LINE, SECTION 15 TOWNSHIP 6-S RANGE 27-E N.M.P.M.

5a. Indicate Type of Lease
State ☐ Fee ☒

5. State Oil & Gas Lease No.

7. Unit Agreement Name

8. Farm or Lease Name
G.F. Bannon, et al

9. Well No.
1

10. Field and Pool, or Wildcat
Haystack

11. Elevation (Show whether DF, RT, GR, etc.)
4053' K.B.

12. County
Chaves

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIATION WORK ☐
COMMENCE DRILLING OPS. ☐
CASING TEST AND CEMENT JOB ☐

ALTERING CASING ☐
PLUG AND ABANDONMENT ☒

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.

1/22/86 Flowed well down. Dug out bradenhead which had been "ready-mixed" previously. Set 150 sx class "C" w/2% CaCl₂ cement plug across 8-5/8" shoe at 1,403'. Tagged top of plug at 1,250' with wireline. Left overnight.

1/23/86 Perfed 8-5/8" casing at 200' with 3 squeeze holes. Squeezed 120 sx class "C" w/2% CaCl₂ into perfs and 8-5/8" casing. Held 1,500 psi. Installed dry hole marker.

Post ID-2
3-14-86
P4A

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

SIGNED Karl Kozidale

TITLE Operations Manager

DATE March 4, 1986

APPROVED BY Danell Moore

TITLE Geologist

DATE 6/3/86

CONDITIONS OF APPROVAL, IF ANY: