

clsr
DP

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

LG-6749

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. Type of Well:

OIL
WELL ☐

GAS
WELL ☐

OTHER Dry Hole RECEIVED

2. Name of Operator

McClellan Oil Corporation

3. Address of Operator

P O Drawer 730, Roswell, NM 88202

7. Lease Name or Unit Agreement Name

North Roswell State Unit

8. Well No.

1

9. Pool name or Wildcat

Wildcat Abo

4. Well Location

Unit Letter B : 990 Feet From The North ~~Section 17~~ Feet From The East Line

Section 17 Township 9 South Range 24 East NMPM Chaves County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

3663 GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☒

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☒

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

12. 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.

Pursuant to verbal orders the referenced well was plugged and abandoned thusly:

7-8-89 TD at 4550 ft.

Plug #1 - 3490 to 3590 w/25 sx

Plug #2 - 3160 to 3260 w/25 sx

Plug #3 - 900 to 1050 w/25 sx. Tagged plug #3 at 900 ft.

Plug #4 - 0 to 30 w/10 sx.

Released rig. Installed dry hole marker. Will clean and level location when pits dry.

Post ID-2
9-1-89
P & A

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

SIGNATURE

Paul Ragsdale

TITLE Operations Manager

DATE 7-18-89

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: