

Submit to Appropriate  
District Office  
State Lease - 6 copies  
Fee Lease - 5 copies  
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

State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

Form C-105  
Revised 1-1-89

45F  
Bldg  
5th fl  
Rm

WELL API NO.

30-005-62713

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

V-1282

7. Lease Name or Unit Agreement Name

North Marlissue State

8. Well No.

9. Pool name or Wildcat

Und. Double L. Qn. Assoc.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

1a. Type of Well: OIL WELL ☐ GAS WELL ☐ DRY ☒ OTHER ARTESIA, OFFICE

b. Type of Completion:

NEW WELL ☒ WORK OVER ☐ DEEPEN ☐ PLUG BACK ☐ DIFF RESVR ☐ OTHER ☐

2. Name of Operator

McClellan Oil Corporation

3. Address of Operator

P.O. Box 730 Roswell, NM 88202

4. Well Location

Unit Letter I: 1980 Feet From The South Line and 660 Feet From The East Line

Section 13 Township 14S Range 29E NMPM Chaves County

10. Date Spudded

8/19/89

11. Date T.D. Reached

8/25/89

12. Date Compl. (Ready to Prod.)

NA

13. Elevations (DF & RKB, RT, GR, etc.)

3817 GR

14. Elev. Casinghead

3817

15. Total Depth

1963

16. Plug Back T.D.

NA

17. If Multiple Compl. How Many Zones?

18. Intervals Drilled By

Rotary Tools

0-1953

Cable Tools

1953-1963

19. Producing Interval(s), of this completion - Top, Bottom, Name

None

20. Was Directional Survey Made

Yes

21. Type Electric and Other Logs Run

None

22. Was Well Cored

NO

23. CASING RECORD (Report all strings set in well)

| CASING SIZE | WEIGHT LB/FT. | DEPTH SET | HOLE SIZE | CEMENTING RECORD | AMOUNT PULLED |
|-------------|---------------|-----------|-----------|------------------|---------------|
| 8 5/8"      | 23            | 285       | 12 1/4    | 180 sx           | Circulated    |
|             |               |           | 7 7/8     |                  |               |
|             |               |           |           |                  |               |
|             |               |           |           |                  |               |
|             |               |           |           |                  |               |

24. LINER RECORD

| SIZE | TOP | BOTTOM | SACKS CEMENT | SCREEN | SIZE | DEPTH SET | PACKER SET |
|------|-----|--------|--------------|--------|------|-----------|------------|
|      |     |        |              |        | NA   |           |            |
|      |     |        |              |        |      |           |            |
|      |     |        |              |        |      |           |            |
|      |     |        |              |        |      |           |            |

26. Perforation record (interval, size, and number)

NA

27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC.

| DEPTH INTERVAL | AMOUNT AND KIND MATERIAL USED |
|----------------|-------------------------------|
| NA             |                               |
|                |                               |
|                |                               |
|                |                               |

PRODUCTION

|                                                            |                 |                                                                     |                        |            |              |                                |                 |
|------------------------------------------------------------|-----------------|---------------------------------------------------------------------|------------------------|------------|--------------|--------------------------------|-----------------|
| 28. Date First Production                                  |                 | Production Method (Flowing, gas lift, pumping - Size and type pump) |                        |            |              | Well Status (Prod. or Shut-in) |                 |
| NA                                                         |                 |                                                                     |                        |            |              |                                |                 |
| Date of Test                                               | Hours Tested    | Choke Size                                                          | Prod'n For Test Period | Oil - Bbl. | Gas - MCF    | Water - Bbl.                   | Gas - Oil Ratio |
|                                                            |                 |                                                                     |                        |            |              |                                |                 |
| Flow Tubing Press.                                         | Casing Pressure | Calculated 24-Hour Rate                                             | Oil - Bbl.             | Gas - MCF  | Water - Bbl. | Oil Gravity - API - (Corr.)    |                 |
|                                                            |                 |                                                                     |                        |            |              |                                |                 |
| 29. Disposition of Gas (Sold, used for fuel, vented, etc.) |                 |                                                                     |                        |            |              | Test Witnessed By              |                 |
|                                                            |                 |                                                                     |                        |            |              |                                |                 |

30. List Attachments

Deviation Survey

31. 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

Signature

*Paul Ragsdale*

Printed Name

Paul Ragsdale

Title Operations Manager

Date 8/30/89

## INSTRUCTIONS

This form is to be filed with the appropriate District Office of the Division not later than 20 days after the completion of any newly-drilled or deepened well. It shall be accompanied by one copy of all electrical and radio-activity logs run on the well and a summary of all special tests conducted, including drill stem tests. All depths reported shall be measured depths. In the case of directionally drilled wells, true vertical depths shall also be reported. For multiple completions, Items 25 through 29 shall be reported for each zone. The form is to be filed in quintuplicate except on state land, where six copies are required. See Rule 1105.

INDICATE FORMATION TOPS IN CONFORMANCE WITH GEOGRAPHICAL SECTION OF STATE

## Southeastern New Mexico

|                          |                        |
|--------------------------|------------------------|
| T. Anhy _____            | T. Canyon _____        |
| T. Salt _____ 300        | T. Strawn _____        |
| B. Salt _____ 1095       | T. Atoka _____         |
| T. Yates _____           | T. Miss _____          |
| T. 7 Rivers _____ 1761   | T. Devonian _____      |
| T. Queen _____ 1953      | T. Silurian _____      |
| T. Grayburg _____        | T. Montoya _____       |
| T. San Andres _____      | T. Simpson _____       |
| T. Glorieta _____        | T. McKee _____         |
| T. Paddock _____         | T. Ellenburger _____   |
| T. Blinebry _____        | T. Gr. Wash _____      |
| T. Tubb _____            | T. Delaware Sand _____ |
| T. Drinkard _____        | T. Bone Springs _____  |
| T. Abo _____             | T. _____               |
| T. Wolfcamp _____        | T. _____               |
| T. Penn _____            | T. _____               |
| T. Cisco (Bough C) _____ | T. _____               |

## Northwestern New Mexico

|                             |                        |
|-----------------------------|------------------------|
| T. Ojo Alamo _____          | T. Penn. "B" _____     |
| T. Kirtland-Fruitland _____ | T. Penn. "C" _____     |
| T. Pictured Cliffs _____    | T. Penn. "D" _____     |
| T. Cliff House _____        | T. Leadville _____     |
| T. Menefee _____            | T. Madison _____       |
| T. Point Lookout _____      | T. Elbert _____        |
| T. Mancos _____             | T. McCracken _____     |
| T. Gallup _____             | T. Ignacio Otzte _____ |
| Base Greenhorn _____        | T. Granite _____       |
| T. Dakota _____             | T. _____               |
| T. Morrison _____           | T. _____               |
| T. Todilto _____            | T. _____               |
| T. Entrada _____            | T. _____               |
| T. Wingate _____            | T. _____               |
| T. Chinle _____             | T. _____               |
| T. Permian _____            | T. _____               |
| T. Penn "A" _____           | T. _____               |

## OIL OR GAS SANDS OR ZONES

No. 1, from 1953 to 1963

No. 2, from to

No. 3, from to

No. 4, from to

## IMPORTANT WATER SANDS

Include data on rate of water inflow and elevation to which water rose in hole.

No. 1, from.....to.....feet.....  
No. 2, from.....to.....feet.....  
No. 3, from.....to.....feet.....

## LITHOLOGY RECORD (Attach additional sheet if necessary)

| From | To | Thickness<br>in Feet | Lithology |
|------|----|----------------------|-----------|
|      |    |                      |           |

| From | To | Thickness<br>in Feet | Lithology |
|------|----|----------------------|-----------|
|      |    |                      |           |