

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

SEP -7 '89

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 Marliseue State

8. Well No.

1

9. Pool name or Wildcat

Und. Double L. Qn. Assoc.

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

2. Name of Operator

McClellan Oil Corporation

3. Address of Operator

P.O. Box 730, Roswell, NM 88201

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

3817 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.

08/25/89: Plugged and abandoned by:

Running tubing to 1963'. Loaded hole with mud. Set plug #1 from 1800-1963 with 30 sx cement. Set plug #2 from 900-1000 with 30 sx cement. Set plug #3 from 240-340 with 30 sx cement. WOC-2 hours and tagged plugged at 212 ft. Set plug #4 at surface. Cleaned location.

Post ID-2
9-15-89
PFA

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

SIGNATURE

TITLE

Operations Manager

DATE 8/29/89

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

APPROVED BY

TITLE

DATE 8-20-90

CONDITIONS OF APPROVAL, IF ANY:

GW