

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

RECEIVED

JAN 2 1992

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

O. C. D.

WELL REPORT NO. OFFICE

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No. B-8385

7. Lease Name or Unit Agreement Name
MORGAN ELIZABETH STATE

8. Well No. 1

9. Pool name or Wildcat
UNDESIGNATED ELLENBURGER/DOWNTOWN

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

2. Name of Operator
MARK D. CLARKE

3. Address of Operator
125 E. DAVIS, HOBBS N.M.

4. Well Location
Unit Letter P : 920 Feet From The South Line and 1310 Feet From The East Line
Section 13 Township 11-S Range 27-E NMPM CHAVES County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3780 RKB

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: SPUD - Set & Cement Surface Cas. ☐

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.

1. SPUD No. 1 Morgan Elizabeth State 9:00 P.M. Mountain Time January 2, 1992.
2. Drilled 12 1/4" Hole to 1230'. Set 8 5/8" - 24" J-55 Casing (Lined) At 1229'.
CEMENTED w/ 550 Sx "C" Lite 12.7 ppq, 2 ft³/sk. Tailed w/ 200 Sx "C" + 2% CaCl₂.
Circulated ± 20 Sx. Bumped Plug At 500 psi over.
3. w/loc 18 lbs. Cut Csg. Lined on 11"-900 Head. NV Top.
4. TESTED Csg to 1500', Head L.R.

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

SIGNATURE Mark D. Clarke TITLE Engineer DATE 1/11/92
(505)
TYPE OR PRINT NAME Mark D. Clarke TELEPHONE NO. 392-5516

(This space for State Use) ORIGINAL SIGNED BY

MIKE WILLIAMS

APPROVED BY SUPERVISOR, DISTRICT II TITLE _____ DATE JAN 22 1992

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

JAN 18 1961

HOPE