

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

WELL API NO.

30-005-62884

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

VB-0106

7. Lease Name or Unit Agreement Name

Pearl State

8. Well No.

1

9. Pool name or Wildcat

Montoya

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

McClellan Oil Corp.

3. Address of Operator

P.O. Drawer 730, Roswell, N.M. 88202-0730

4. Well Location

Unit Letter G : 2310 Feet From The North Line and 1980 Feet From The East Line

Section 16 Township 6 south Range 27 East NMPM Chaves County

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

4110 GL

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: Surface Pipe +Cmt. Job ☒

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.

2-3-92 Spudded well with 12 1/4" bit.

2-4-92 T.D. surface at 530'. Ran 523' of 85/8" 24# J-55 casing. Cemented using Western with 315 sx. Class C 2% CaCl₂, 1/4# Celocel. Circulated 50 sx. W.O.C. 18 Hrs.

2-5-92 Nipple up B.O.P. & test. Drlg. out with 77/8" bit.

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

SIGNATURE

Mitch Lee

TITLE Drlg. + Comp. Eng.

DATE 2-5-92

TYPE OR PRINT NAME

Mitch Lee

TELEPHONE NO. (505) 622- 320

(This space for State Use)

ORIGINAL SIGNED BY

MIKE WILLIAMS

SUPERVISOR, DISTRICT II

TITLE

DATE

FEB 10 1992

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY: