

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.
30-005-63014

5. Indicate Type of Lease
STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

Ross Fee

8. Well No. 2

9. Pool name or Wildcat
Acme, SanAndrus, Southwest 800

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 Corporation

3. Address of Operator
P.O. Drawer 730, Roswell, NM 88202-0730

4. Well Location
Unit Letter B : 660 Feet From The North Line and 1980 Feet From The East Line
Section 18 Township 8S Range 28 NMPM Chaves County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4001

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: Change 8 5/8 casing - 9 5/8 ☐

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.

Need to change from 8 5/8" casing to 9 5/8" casing. Need bigger hull 8 1/2". If we hit water 7" casing with 7 5/8" collars will run easier in this size hole rather than a 7 7/8" hole.

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

SIGNATURE _____ TITLE Agent

DATE 6-22-94

TYPE OR PRINT NAME

Rick Roberts

TELEPHONE NO. (505) 622-3200

(This space for State Use)

SUPERVISOR, DISTRICT II

APPROVED BY _____ TITLE _____ DATE JUL 11 1994

CONDITIONS OF APPROVAL, IF ANY: