

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

clsf  
bp

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

FEB 10 '89 Santa Fe, New Mexico 87504-2088

WELL API NO.

5. Indicate Type of Lease  
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.  
LG-4079

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

4. Well Location  
Unit Letter D : 990 Feet From The Norht Line and 421 Feet From The West Line  
Section 19 Township 16S Range 29E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
3850 G.L.

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.

1-30-89: Rigged up Baber Well Service. Pulled rods. Set 1st plug with 25 sx at 1650'. WOC-4 hours. Tagged at 1493'. Shut casing off at 463 ft. Pulled and laid down.

1-31-89: Set 2nd plug at 513' with 65 sx cement. WOC-4 hours, tagged at 133 ft. Set 3rd plug with 10 sx at surface. Installed dry hole marker. Clean location.

Post FD-2  
2-24-89  
PFA

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

SIGNATURE Paul Ragsdale TITLE Operations Manager DATE February 3, 1989

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

APPROVED BY D.K. G.W. 12-28-89 TITLE DATE

CONDITIONS OF APPROVAL, IF ANY: