

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

JAN 13 11 20 AM '67

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
E-1110	

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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. Unit Agreement Name	
2. Name of Operator JACK L. McCLELLAN		8. Farm or Lease Name SUZANNE STATE	
3. Address of Operator P. O. Box 848, ROSWELL, NEW MEXICO 88201		9. Well No. 1	
4. Location of Well UNIT LETTER <u>I</u> <u>2310</u> FEET FROM THE <u>SOUTH</u> LINE AND <u>660</u> FEET FROM THE <u>EAST</u> LINE, SECTION <u>27</u> TOWNSHIP <u>10-S</u> RANGE <u>32-E</u> NMPM.		10. Field and Pool, or Wildcat MESCALERO SAN ANDRES	
15. Elevation (Show whether DF, RT, GR, etc.) 4323.2' GL		12. County LEA	

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☒

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

OTHER ☐

17. 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.

DECEMBER 30, 1966: WELL SPUDDED 6:00 P. M.

DECEMBER 31, 1966: SET 385' 8-5/8" CASING, CEMENTED WITH 200 SACKS CEMENT, CIRCULATED. PLUG DOWN 1:00 A. M. JANUARY 1, 1967.

JANUARY 1, 1967: WAITING ON CEMENT.

JANUARY 2, 1967: DRILLED OUT PLUG, PRESSURED UP ON CASING 1500#, HELD 25 MINUTES, NO DROP IN PRESSURE. DRILLING AHEAD.

CEMENT WORK PERFORMED BY HALLIBURTON.

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

SIGNED J. L. McClellan TITLE OPERATOR DATE JANUARY 11, 1967

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: