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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

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

5a. Indicate Type of Lease
State ☒ Fee ☐

5. State Oil & Gas Lease No.
L-245

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 ☐ GAS WELL ☐ OTHER- DRYHOLE

2. Name of Operator
JACK L. McCLELLAN

3. Address of Operator
P. O. Box 848, ROSWELL, NEW MEXICO 88201

4. Location of Well
UNIT LETTER B 660 FEET FROM THE NORTH LINE AND 1980 FEET FROM THE EAST LINE, SECTION 16 TOWNSHIP 15-SOUTH RANGE 30-EAST NMPM.

7. Unit Agreement Name
CEDAR POINT UNIT

8. Farm or Lease Name

9. Well No.
2

10. Field and Pool, or Wildcat
WILDCAT

15. Elevation (Show whether DF, RT, GR, etc.)
4025.5 G. L. 4027 D. F.

12. County
CHAVES

16. 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 ☐

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.

REACHED A TOTAL DEPTH OF 2393', ON 1/27/71, AND ENCOUNTERED SALT WATER. SUBSEQUENT TO VERBAL INSTRUCTIONS, THIS WELL WAS PLUGGED AND ABANDONED ON 1/29/71 AS FOLLOWS:

100' PLUG AT T. D.

40 SX.PLUG FROM 1500'-1600' (BASE SALT)

40 SX.PLUG FROM 730'-830' (TOP SALT)

100' PLUG FROM 400'-500' (IN AND OUT OF 8 5/8" CASING STUB)

20' PLUG AT SURFACE. HEAVY MUD BETWEEN PLUGS.

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

SIGNED Jack L. McClellan TITLE OPERATOR DATE 2/3/71

APPROVED BY John W. Runyan TITLE Geologist DATE OCT 6 1971

CONDITIONS OF APPROVAL, IF ANY: