

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
ORIGINAL TO BUREAU OF LAND MANAGEMENT
COPY TO STATE OFFICE
COPY TO FIELD OFFICE

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> Reclamation	BUREAU OF LAND MANAGEMENT ROSWELL RESOURCE AREA	5. LEASE DESIGNATION AND SERIAL NO. NM-0559993
2. NAME OF OPERATOR McClellan Oil Corporation 622-3200		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Drawer 730 Roswell, NM 88202		7. UNIT AGREEMENT NAME 30-005-62747
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 405' FNL & 330' FEL	RECEIVED JAN 01 2004	8. FARM OR LEASE NAME Aciete Federal
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3594' GL	9. WELL NO. #1
	OCD-ARTESIA	10. FIELD AND POOL, OR WILDCAT Wildcat-San Andres
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 35-T9S-R25E
		12. COUNTY OR PARISH Chaves
		13. STATE NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>
(Other) Reclamation		(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.) *

The surface reclamation is complete and ready for inspection.

N.M. Oil Cons. DIV-Dist. 2
1301 W. Grand Avenue
Artesia, NM 88210

18. I hereby certify that the foregoing is true and correct

SIGNED [Signature] TITLE Drllg. & Comp. Eng. DATE 8/2/90

(This space for Federal or State office use)

APPROVED BY /S/LARRY D. BRAY TITLE Assistant Field Manager, DATE DEC 29 2003

CONDITIONS OF APPROVAL, IF ANY: Recorded in NMOC
Lands And Minerals

*See Instructions on Reverse Side