

CBS

Form 9-331
Dec. 1973

NM OIL CONS. COMMISSION
Drawer DD
Artesia, NM 88210

Form Approved.
Budget Bureau No. 42-R1424

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

5. LEASE NM-19837	RECEIVED BY DEC 13 1983 O. C. D. ARTESIA, OFFICE
6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
7. UNIT AGREEMENT NAME	
8. FARM OR LEASE NAME McClellan White Federal	
9. WELL NO. 1	
10. FIELD OR WILDCAT NAME Wildcat <i>McClellan</i>	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 9-T4S-R27E	
12. COUNTY OR PARISH Chaves	13. STATE N.M.
14. API NO.	
15. ELEVATIONS (SHOW DF, KDB, AND WD) 3891	

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 Form 9-331-C for such proposals.)

1. oil well gas well other

2. NAME OF OPERATOR
McClellan Oil Corporation

3. ADDRESS OF OPERATOR
P.O. Drawer 730, Roswell, N.M.

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 660' FSL & 660' FWL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	<input type="checkbox"/>		<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>		<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>		<input checked="" type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>		<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>		<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>		<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>		<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>		<input type="checkbox"/>
(other)	<input type="checkbox"/>		<input type="checkbox"/>

(NOTE: Report results of multiple completion zone change on Form 9-330.)

RECEIVED
DEC 9 9 21 AM '83
BUR. OF LAND & MINES
ROSWELL DISTRICT

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 location and measured and true vertical depths for all markers and zones pertinent to this work.)*

11/30/83: Perfed 6505, 06, 08, 09, 10, 25, 26, 27, 28, 29 with 1 JSPF

12/05/83: Acidized with 2000 gals. 10% MCA and ballsealers.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Paul Ragsdale TITLE Operations Manager DATE December 8, 1983

ACCEPTED FOR RECORD (This space for Federal or State office use)

APPROVED BY (ORIG. SGD) DAVID R. GLASS DATE _____
CONDITIONS OF APPROVAL: DEC 12 1983

ROSWELL, NEW MEXICO

*See Instructions on Reverse Side