

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

NM OIL CONS. COM. SECTION
SUBMIT IN TRI. STATE
Artesia, NM 88210

Form approved.
Budget Bureau No. 42-R1424.

C/SF

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.)

RECEIVED

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR
McClellan Oil Corporation

3. ADDRESS OF OPERATOR
P.O. Drawer 730 Roswell, NM 88202

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface
660' FSL & 1980' FWL

14. PERMIT NO. _____ 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3832' G.L.

DEC 31 1981

O. C. D.
ARTESIA OFFICE

5. LEASE DESIGNATION AND SERIAL NO.
NM-36409

6. IF INDIAN, ALLOTTEE OR TRIBE NAME _____

UNIT AGREEMENT NAME _____

7. FARM OR LEASE NAME
McClellan Fed

8. WELL NO.
1

10. FIELD AND POOL, OR WILDCAT
Undesignated *also*

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 30-T5S-R25E

12. COUNTY OR PARISH | 13. STATE
Chaves | 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 type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input checked="" type="checkbox"/>	(Other) _____	(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)
(Other) _____			

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.)*

Due to better knowledge in drilling in this area we propose to alter our casing program as follows:

Hole Size	Casing size	Depth	Weight/ft	Cement
12 1/4"	8 5/8"	1000'	23	Circulate
7 7/8"	4 1/2"	4100'	10.5	250 sx

DEC 23 1981

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

SIGNED *Paul Kaspale* TITLE Engineer DATE 12-23-81

(This space for Federal or State office use)

APPROVED

APPROVED BY *JAG* TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

DEC 28 1981

for JAMES A. GILLHAM
DISTRICT SUPERVISOR

*See Instructions on Reverse Side