

ARTESIA, NM 88210  
SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse side)

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

dsf

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER Plug & Abandon Finalization		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR McClellan Oil Corporation		8. FARM OR LEASE NAME Patrick Federal	
3. ADDRESS OF OPERATOR P.O. Drawer 730 Roswell, NM 88202-0730		9. WELL NO. #2	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FSL & 1650' FEL		10. FIELD AND POOL, OR WILDCAT Double L Queen Assoc.	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3916' GL	
		12. COUNTY OR PARISH Chaves	13. STATE NM

RECEIVED  
SEP - 9 1991  
O. C. D.  
ARTESIA OFFICE

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) Finalization

(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.)\*

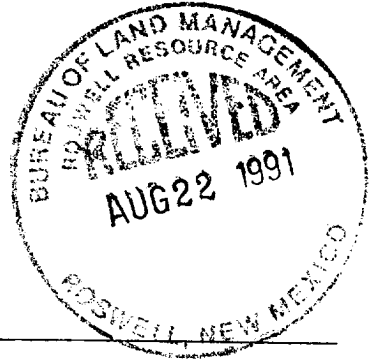
8/14/91 Set CIBP at 1900' & put 35' cmt on top.  
Circulated hole with heavy gel H2O.

1st cmt plug 950' to 850' 25 sx  
2nd cmt plug 350' to surface - circulated cmt.  
3rd plug - Ran 1" tbg to 390' & mixed 35 sx cmt - tagged cmt at 250'.  
Pulled 1" to 60' & circulated to surface.

Installed dry hole marker & finalized well as per John Crane.

Location is ready for inspection.

Part ID-2  
9-13-91  
PYA



18. I hereby certify that the foregoing is true and correct  
SIGNED [Signature] TITLE Drlg. & Comp. Engineer DATE 8/21/91

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_  
Approved as to plugging of the well bore.  
Liability under bond is retained until surface restoration is completed.

APPROVED  
DATE \_\_\_\_\_  
SEP 4 1991

\*See Instructions on Reverse Side