

Form 3160-5  
(November 1983)  
(Formerly 9-331)

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)

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"/>		5. LEASE DESIGNATION AND SERIAL NO.  NM-8255																								
2. NAME OF OPERATOR McClellan Oil Corporation		6. IF INDIAN, ALLOTTEE OR TRIBE NAME																								
3. ADDRESS OF OPERATOR P.O. Drawer 730 Roswell, NM 88202 505-622-3200		7. UNIT AGREEMENT NAME																								
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  1980' FSL & 1980' FEL		8. FARM OR LEASE NAME Occidental Federal																								
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, QM, etc.) 3905' GL	9. WELL NO. 2																								
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		10. FIELD AND POOL, OR WILDCAT Vest Ranch Queen Assoc.																								
<table border="0"> <tr> <td colspan="2">NOTICE OF INTENTION TO:</td> <td colspan="2">SUBSEQUENT REPORT OF:</td> </tr> <tr> <td>TEST WATER SHUT-OFF <input type="checkbox"/></td> <td>PULL OR ALTER CASING <input type="checkbox"/></td> <td>WATER SHUT-OFF <input type="checkbox"/></td> <td>REPAIRING WELL <input type="checkbox"/></td> </tr> <tr> <td>FRACTURE TREAT <input type="checkbox"/></td> <td>MULTIPLE COMPLETE <input type="checkbox"/></td> <td>FRACTURE TREATMENT <input type="checkbox"/></td> <td>ALTERING CASING <input type="checkbox"/></td> </tr> <tr> <td>SHOOT OR ACIDIZE <input type="checkbox"/></td> <td>ABANDON* <input type="checkbox"/></td> <td>SHOOTING OR ACIDIZING <input type="checkbox"/></td> <td>ABANDONMENT* <input checked="" type="checkbox"/></td> </tr> <tr> <td>REPAIR WELL <input type="checkbox"/></td> <td>CHANGE PLANS <input type="checkbox"/></td> <td colspan="2">(Other) Final abandonment notice</td> </tr> <tr> <td>(Other) <input type="checkbox"/></td> <td></td> <td colspan="2">(Note: Report results of multiple completion on Well Completion or Reconpletion Report and Log form.)</td> </tr> </table>		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) Final abandonment notice		(Other) <input type="checkbox"/>		(Note: Report results of multiple completion on Well Completion or Reconpletion Report and Log form.)		11. SEC., T., B., M., OR BLK. AND SURVEY OR ARMA Sec. 22-T14S-R30E
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		12. COUNTY OR PARISH 13. STATE Chaves NM																								

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.

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

SIGNED [Signature] TITLE Drlg. & Comp. Engineer DATE 2-11-92

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE Branch Chief Minerals DATE 5-20-93

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side