Form 3160-5 (September 2001)

## **UNITED STATES** DEPARTMENT OF THE INTERIOR **BUREAU OF LAND MANAGEMENT**

Oil Cons.
N.M. DIV-Dist. 2
1301 W. Grand Avenue Comb No.
Artesia, NM 882

FORM APPROVED OMB No. 1004-0135 Expires: January 31, 2004

SUNDRY NOTICES AND REPORTS ON WELLS  Do not use this form for proposals to drill or to resenter an						NM-8431			
Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.					6. If Indian, Allottee or Tribe Name				
SUBMIT IN TRIPLICATE: Other instructions on reverse side					7. If Unit or CA/Agreement, Name and/or No.				
1. Type of Well			11/6/1920	<155 <sup>5</sup> /	13380				
☐ Oil Well ☑ Gas Well ☐	Other		0,	,0,2	8. Well Name	and No.			
2. Name of Operator		E 02 0 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		Ross Federal Com No. 4					
McClellan Oil Corporation		<u> </u>		2 2	9. API Well N				
3a. Address	•	3b. Phone No	21/2	(G) 27	30-005-6360				
P.O. Drawer 730, Roswell, NM 8	(505) 622-3200			10. Field and Pool, or Exploratory Area					
<ol> <li>Location of Well (Footage, Sec., 1250' FNL &amp; 990' FEL of Sec 7 -</li> </ol>	0	0.60 (0.00)			Undesignated Foor Ranch 11. County or Parish, State				
ę	INDICATE NATI DE OF NOTICE P			Chaves, New Mexico					
12. CHECK APP	PROPRIATE BOX(ES) TO	INDICATE	NATURE C	F NOTICE, RE	EPORT, OR C	OTHER	DATA		
TYPE OF SUBMISSION			TYPE O	F ACTION					
	Acidize [	Deepen		Production (Start/	Resume)	Water	Shut-Off		
Notice of Intent	Alter Casing	asing Fracture Treat Reclamation			☐ Well Integrity				
✓ Subsequent Report	Casing Repair	New Cons	truction 🔲	Recomplete		Other			
Subsequent Report	Change Plans	Plug and A	Abandon 🔲	Temporarily Aba	ndon				
Final Abandonment Notice	Convert to Injection	Plug Back		Water Disposal					
10/5/03 TD well at 5,720'. Ran I down at 4:00 AM. BLM was not			ing. Formation	ACCEPTED  OCT  ARMAN		OU.NE	s of Class (C"). Plug		
14. 1 hereby certify that the foregoin Name (PrintedlTyped) Mark McClellan	g is true and correct		Title Presiden	<b>*</b>					
	-0.00				······································				
Signature M. M.	COULAN THIS SPACE F	OR FENCE	Date 10/15/0.			e de			
Annanad by (Cinner)	IIIO OF ACE I	JAN EDEN	Name	_Unite_OGE					
Approved by (Signature)			(Printed/	(Typed)		itle	-		
Conditions of approval, if any, are certify that the applicant holds leg	attached. Approval of this notic	e does not war ts in the subjec	rant or Office		÷	D	ate		

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.