

N. M. O. C. G. Corp.
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN THE
(Other instruct.
verse side)

ICATE*
on re

Copy a SF
Form approved.
Budget Bureau No. 42-R1424.

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.)

<p>1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>DRY HOLE</u></p> <p>2. NAME OF OPERATOR <u>McCLELLAN OIL CORPORATION</u></p> <p>3. ADDRESS OF OPERATOR <u>Box 343, ROSWELL, NEW MEXICO 88201</u></p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <u>1930 FSL & 660 FEL</u></p> <p>14. PERMIT NO.</p> <p>15. ELEVATIONS (Show whether DF, RT, CR, etc.) <u>3783 G. L.</u></p>	<p>5. LEASE DESIGNATION AND SERIAL NO. <u>NM 2824</u></p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME <u>NORTH KING CAMP UNIT</u></p> <p>8. FARM OR LEASE NAME</p> <p>9. WELL NO. <u>8</u></p> <p>10. FIELD AND POOL, OR WILDCAT <u>WILDCAT</u></p> <p>11. SEC., T., B., M., OR BLK. AND SURVEY OR AREA <u>SEC. 27, T13S - R29E</u></p> <p>12. COUNTY OR PARISH <u>CHAVES</u></p> <p>13. STATE <u>NEW MEXICO</u></p>
---	--

RECEIVED

NOV 11 1974

O. U. C.

ARTESIA, OFFICE

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
(Other) <input type="checkbox"/>	

(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.)*

ON 7/10/73, AS PER VERBAL INSTRUCTIONS FROM THE U. S. G. S. OFFICE IN ARTESIA, THIS TEST WAS P & A AS FOLLOWS:
PLUGS WERE SET AT 2660-2760, 1683-1783 (QUEEN), 795-895 (B. SALT), 300-400 (3-5/8" CSG. BASE) 10 SX @ TOP OF HOLE. HEAVY MUD BETWEEN PLUGS. MARKER SET & WILL CLEAN LOCATION WHEN PIT IS DRY.

RECEIVED

AUG 11 1973
U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED Joe L. McClellan TITLE PRESIDENT

DATE 8/10/73

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____

*See Instructions on Reverse Side