					CIST
		<u>N.M.O.C.</u>	D. COPJ		_
Form 9-331 (May 1963)	SUBMIT IN TRIPLICATE.			on re- 5. LEASE	Form approved. Budget Bureau No. 42-R1424. DESIGNATION AND SERIAL NO.
				IVE DIF IN	2581 DIAN, ALLOTTEE OR TRIBE NAME
(Do not use the		ES AND REPORTS s to drill or to deepen or pluy ION FOR PERMIT_" for such	ON WELLS back to a diffe AUG 23		AGREEMENT NAME
1.				<b>A</b>	
OIL GAS WELL WELL		Dry	ARTES:A,	OFFILE S. PARM	I OR LEASE NAME
2. NAME OF OPERATOR *FOSSIl FUEls 3. ADDRESS OF OPERAT	TOB	ck L. McClellan-Le	essee of Record)	9. well	leral H
Drawer 730, Roswell, N. M. 88201 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface					LD AND POOL, OR WILDCAT ns Ranch HR-, c., T., B., M., OB BLK. AND
1980' FSL &	660' FWL			Se	c. 11, T14S, R28E
•		15. ELEVATIONS (Show whethe	r DF, RT, GR, etc.)		UNTY OB PARISH 13. STATE
14. PERMIT NO.		3589'G.	L		
<u> </u>	Check Ap	propriate Box To Indicat	e Nature of Notice, Re	port, or Other D	ata
Propose to Propose to Pull 100' 10 sx	EP OR COMPLETED OPE If well is direction rk.)* plug and ab 4½" casing a plug over st c plug at sur	ALTER CASING AULTIPLE COMPLETE ABANDON* CHANGE PLANS ARATIONS (Clearly state all per mally drilled, give subsurface andon this hole a at free point. Sp Cub of 4½" casing. crface. Heavy mud	timent details, and give pert locations and measured and s follows: ot 100' plug at 100' plug in ar will be pumped be	ment or Recompletion R inent dates, includi true vertical depth total depth	REPAIRING WELL ALTERING CASING ABANDONMENT* tiple completion on Well eport and Log form.) ng estimated date of starting any is for all markers and zones perti- 5/8" casing (243'). RECEIVED
		arker and restore			AUG 20 1979 U.S. GEULUGICAL SURVE ARTESIA, NEW MEXICO
*Fossil F is plugg	uels Inc. is ing and aban	a defunct corpor doning this test.	ation and as less	ee of recor	d, Jack L. McClellan
18. I hereby certif	ty that the foregoing	ts true and correct	E Lessee of Rec	ord	DATE 8/17/79
(This space fo	r Federal or State	flenon/ TITL	ACTED DITECT	INGMUTZ	DATE
APPROVED L CONDITIONS	OF APPROVAL, II	ANY:		. •	

)

\*See Instructions on Reverse Side

----