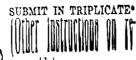


FRACTURE TREAT

REPAIR WELL

SHOOT OR ACIDIZE

UNITED STATES



Form approved. Budget Bureau No. 42-R1424.

DEPARTMENT OF THE INTERIOR verse side)

GEOLOGICAL SURVEY

5. LEASE DESIGNATION AND SERIAL NO.

NM 0402600-A 6. IF INDIAN, ALLOTTEE OR TRIBE NAME

	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.	RECEIVED	7. UNIT AGREEMENT NAME	
	OIL GAS WELL OTHER	8. FARM OR LEASE NAME	
2.	McClellan Oil Corporation FEB 5 1975	BUTTER SPRI	N G S
3.		9. WELL NO.	
υ.	BOX 848, ROSWELL, NEW MEXICO 8820C.C.		
	LOCATION OF WELL (Report location clearly and in accordance with any State regarrances, Office	10. FIELD AND POOL, OR W	ILDCAT
4.	At surface	WILDCAT	
		11. SEC., T., B., M., OR BLK SURVEY OR AREA	. AND
	660' FNL & 660' FWL	SEC. 23, T145	- R28E
	PROMET NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISH	3. STATE
14.	3607 G. L.	CHAVES	NEW MEXIC
16.	and the second s		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	NOTICE OF INTENTION TO:	ENT REPORT OF:	
	TEST WATER SHUT-OFF PULL OR ALTER CASING WATER SHUT-OFF FRACTURE TREATMENT FRACTURE TREATMENT	REPAIRING WE	

(NOTE: Report results of multiple completion on 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.) (Other)

ON 7/20/73, REACHED A T. D. OF 1892'. AS PER VERBAL INSTRUCTIONS

FROM ARTESIA OFFICE, P & A AS FOLLOWS:

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SET 150' PLUG @ T. D. 1725-1875, 100' PLUG 1210-1310 (QUEEN), 100' PLUG 310-410 (BASE OF 8-5/8" CSG.), AND A 10' PLUG @ SURFACE HEAVY MUD BETWEEN PLUGS. THE DRY HOLE MARKER WILL BE SET AND THE LOCATION RESTORED AS MUCH AS POSSIBLE TO IT'S ORIGINAL

18. I hereby certify that the foregoing is true and correct SIGNED TITLE PRESIDENT	DATE -8/10/73
(This space for Federal or State office use)	DATE
CONDITIONS OF APPROVAL, IF ANY:	± 0.44 and e^{32}