N. M. O. C. C. COPY Form 9-331 (May 1963)

ABANDON*

CHANGE PLANS

SHOOT OR ACIDIZE

REPAIR WELL

Ui **ED STATES** DEPARTMENT OF THE INTERIOR (Other instructions on reverse side)

GEOLOGICAL SURVEY

Carry to SI=

Form approved. Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO. NM 2824

ABANDONMENT*

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SHOOTING OR ACIDIZING (Other) SURFACE CASING

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.) UNIT AGREEMENT NAME CEIVE WELL X GAS WELL NORTH KING CAMP UNIT OTHER 2. NAME OF OPERATOR 8. FARM OR LEASE NAME McClellan Oil Corporation OCT 1 2 1973 ADDRESS OF OPERATOR 9. WELL NO. P. O. Box 848, Roswell, New Mexico 88201 9 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements), OFFICE See also space 17 below.) At surface 10. FIELD AND POOL, OR WHIDCAT WILDCAT 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 1980' FWL & 660' FNL Sec. 27-T13S-R29E 14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 12. COUNTY OR PARISH | 13. STATE 3791.7' GR CHAVES NEW MEXICO 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF PULL OR ALTER CASING WATER SHUT-OFF REPAIRING WELL FRACTURE TREAT MULTIPLE COMPLETE FRACTURE TREATMENT ALTERING CASING

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (Other) 17. DESCRIBE PROPOSED OF COMPLETEO 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 AUGUST 31, 1973, SET 417' OF NEW, J-55, 20#, 8-5/8" CASING, CEMENTED WITH 100 SACKS. CIRCULATED. DRILLED OUT PLUG AND TESTED 1 HOURS. No FLUID.

U. S. GEOLOGICA DE SENTESIA, MENTESIA, MENTESI

18. I hereby certify that the foregoing is true and		
SIGNED J. W. O.	OPERATOR OPERATOR	DATE 10/9/,73
(This space for Federal on State office use) Appropriate Approval, IF any:	TITLE	DATE
OCT 1 15 DEEKNING BEEKNING BISTPICT FYCINEER	*See Instructions on Reverse Side	