

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
Altesia, NM 88210

Form approved.  
Budget Bureau No. 1004-013  
Expires August 31, 1985

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. OIL WELL ☐ GAS WELL ☒ OTHER ☐  
2. NAME OF OPERATOR McClellan Oil Corporation  
3. ADDRESS OF OPERATOR P.O. Drawer 730, Roswell, N.M. 88202  
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface  
660 FSL & 660 FEL  
14. PERMIT NO. NOV 14 88  
15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
3742' GR

5. LEASE DESIGNATION AND SERIAL NO. NM-0333227  
6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
7. UNIT AGREEMENT NAME  
North King Camp Unit  
8. FARM OR LEASE NAME  
North King Camp Unit  
9. WELL NO.  
11  
10. FIELD AND POOL, OR WILDCAT  
Undesignated  
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 35-T13S-R29E  
12. COUNTY OR PARISH Chaves 13. STATE NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐ PULL OR ALTER CASING ☐  
FRACTURE TREAT ☐ MULTIPLE COMPLETION ☐  
SHOOT OR ACIDIZE ☐ ABANDON\* ☐  
REPAIR WELL ☐ CHANGE PLANS ☐  
(Other) ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐ REPAIRING WELL ☒  
FRACTURE TREATMENT ☐ ALTERING CASING ☐  
SHOOTING OR ACIDIZING ☒ ABANDONMENT\* ☒  
(Other) ☒

(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.)

~~Request a change of operator from Enron to McClellan Oil.~~

10-31 Well was shut in w/no pressure.

11-1 Rigged up swab unit. Fluid level at 8200 feet. Could not get swab to bottom.

11-4 Acidized w/250 gals 10% Morrow flo BC. Broke down perfs at 1500 psi at 1/2 BPM. Swabbed back acid load. Broke through salt bridge at 8200 feet. Well kicked off flowing gas and water. Tested casing to 1000 psi.

11-5 to 11-7 Flow tested well and cleaned up acid job.

11-7 Ran 6 hr. production test. Produced 42 MCF with 400 psi tubing pressure. Calculated daily rate of 170 MCFD.

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

SIGNED Paul Tagudale

TITLE Operations Manager

DATE 11-8-88

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

NOV 9 1988

\*See Instructions on Reverse Side

PRINTED IN U.S.A.

North King Camp Privation Test  
11-7-88 Ave R-170 MCF

**TEJAS**  
INSTRUMENT ENGINEERS

North King Camp #11  
Office well

METER NUMBER  
TIME PUT ON  
DATE PUT ON  
11/7/88

TUBE & ORIF. SIZE  
TIME TAKEN OFF  
DATE TAKEN OFF  
11/7/88

MW-M Q50  
PSO W50  
SIGNED Paul Magallane

Ave R-37  
151 MCF

