

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NM Oil Cons. Commission
PERMIT TO DRILL
(Other instructions on reverse side)
Artesia, NM 88210

Form approved.
Budget Bureau No. 1004-0135
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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> P & A		5. LEASE DESIGNATION AND SERIAL NO. NM-2581	
2. NAME OF OPERATOR McClellan Oil Corporation ✓		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. Drawer 730, Roswell, N.M. 88202		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2310' - FWL & 330' FSL NYE		8. FARM OR LEASE NAME McClellan Fed.	
14. PERMIT NO.		9. WELL NO. 2	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3603' GL		10. FIELD AND POOL, OR WILDCAT Sams Ranch	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR ARMA Sec. 11-T14S-R28E	
		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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input 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.)*

7-24-92 Plugged well as follows:

1. Loaded hole with Heavy Gel H2O.
2. 1st plug set 1811'-1550'. 30sx. Tagged TOC at 1550'.
3. Per. csg. at 1000' - mixed 30sxs cmt. 3% CaCl & displaced to approx. 900'.
4. Perf well at 370'. Mix cmt. & circulated cmt. (in & out)
5. Clean location & installed dry hole marker.

No csg. pulled from this well.

RECEIVED
AUG - 5 1992
O. C. D.
WELLS OFFICE

Post ID-2
8-21-92
P & A

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

SIGNED [Signature]

TITLE Dr lg. & Comp. Eng.

DATE 7-27-92

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____
Approved as to plugging of the well bore.
Liability under bond is retained until
surface restoration is completed.

APPROVED
PETER W. CHESTER
DATE JUL 29 1992

*See Instructions on Reverse Side

BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA