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Form 9-331  
(May 1963)

**A JCC COPY**  
**UNITED STATES**  
**DEPARTMENT OF THE INTERIOR**  
**GEOLOGICAL SURVEY**

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R1424.

**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 & Mr. J. Penrod Toles

**3. ADDRESS OF OPERATOR**  
P. O. Box 848, Roswell, New Mexico 88201

**4. LOCATION OF WELL** (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface  
  
990' FNL & 660' FWL

**14. PERMIT NO.**

**15. ELEVATIONS** (Show whether DF, RT, GR, etc.)  
3693.9 G.L. 3703 D.F.

**5. LEASE DESIGNATION AND SERIAL NO.**  
NM-8431

**6. IF INDIAN, ALLOTTEE OR TRIBE NAME**

**7. UNIT AGREEMENT NAME**

**8. FARM OR LEASE NAME**  
Penjack

**9. WELL NO.**  
1

**10. FIELD AND POOL, OR WILDCAT**  
Wildcat

**11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA**  
Sec. 6 - T10S - R26E

**12. COUNTY OR PARISH** **13. STATE**  
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 <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 type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input checked="" type="checkbox"/>	(Other) _____	(Other) _____

(Other) Drill Deeper

**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.)\*

This test was originally approved to drill to a total depth of 4800' to test the Abo formation. Due to the structural position and other geologic information gained as a result of drilling the Abo formation, it is requested that the objective total depth be changed from 4800' to 5800', which would test the following formation:

Wolfcamp: 4800 - 5300  
Pennsylvanian: 5300 - 5550  
Pre-Pennsylvanian: 5550 - 5800

**RECEIVED**  
**JAN 11 1979**  
**U.S. GEOLOGICAL SURVEY**  
**ARTESIA, NEW MEXICO**

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

SIGNED James J. McClellan TITLE Operator DATE 1/10/79

(This space for Federal or State office use)

APPROVED BY Joe J. Lara TITLE ACTING DISTRICT ENGINEER DATE JAN 11 1979

CONDITIONS OF APPROVAL, IF ANY: