

C:SF

Form 9-331  
(May 1963)

**UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY**

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse 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.)

<b>1.</b> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		<b>5. LEASE DESIGNATION AND SERIAL NO.</b> NM-8431
<b>2. NAME OF OPERATOR</b> McClellan Oil Corporation ✓		<b>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</b> 
<b>3. ADDRESS OF OPERATOR</b> P. O. Box 848, Roswell, New Mexico 88201		<b>7. UNIT AGREEMENT NAME</b> 
<b>4. LOCATION OF WELL</b> (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 990' FNL & 660' FWL		<b>8. FARM OR LEASE NAME</b> Penjack Federal
<b>14. PERMIT NO.</b>		<b>9. WELL NO.</b> 1
<b>15. ELEVATIONS</b> (Show whether DF, RT, GR, etc.) 3693' GR		<b>10. FIELD AND POOL, OR WILDCAT</b> PENJACK Wildcat also GAS
		<b>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA</b> Sec. 6-T10S-R26E
		<b>12. COUNTY OR PARISH</b> <b>13. STATE</b> Chaves New Mexico

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

**NOTICE OF INTENTION TO:**

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) Change in Operator <input checked="" type="checkbox"/>	

**SUBSEQUENT REPORT OF:**

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <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.)\*

The Operator on this well is changed from McClellan Oil Corporation and J. Penrod Toles to McClellan Oil Corporation.

*51° Gas well*

**RECEIVED**

JAN 18 1979

U.S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICO

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

SIGNED

*Joe J. McClellan*

TITLE

Operator

DATE

January 17, 1979

(This space for Federal or State office use)

APPROVED BY

*Joe J. Lara*

TITLE

ACTING DISTRICT ENGINEER

DATE

AUG 10 1979

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side