

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRI DATE\*  
(Other instructions on re-  
verse side)Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM-11596

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

"PJ" Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Wildcat

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA

Sec. 6-T9S-R26E

12. COUNTY OR PARISH 13. STATE

Chaves

New Mexico

1. OIL ☐ GAS ☒  
WELL WELL OTHER

MAY 28 1980

2. NAME OF OPERATOR

McClellan Oil Corporation

U.S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICO

3. ADDRESS OF OPERATOR

P. O. Drawer 730, 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

1980 FSL &amp; 1980 FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

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

## NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

## SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Prod. casing

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

(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.)\*

5/19/80: Drilled to a TD of 4700'. Ran logs. Ran 4700' of new

5/20/80: J-55, 10½ lb. 4½" csg. Cemented with 360 sx 50-50 Posmix,  
2% gel, 6% salt per sack.

5/21/80: Ran temp. survey. Found P. B. T. D. 4684'. Top of cement 3610'.

RECEIVED

JUN 2 1980

O. C. D.  
ARTESIA, OFFICE

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

SIGNED

J. M. C. C. C.

TITLE

Operator

DATE

5/27/80

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE