

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C 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, New Mexico 88202
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 660' FSL & 1980' FWL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

- REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:
- | | | |
|---------------------------|--------------------------|--------------------------|
| TEST WATER SHUT-OFF | <input type="checkbox"/> | <input type="checkbox"/> |
| FRACTURE TREAT | <input type="checkbox"/> | <input type="checkbox"/> |
| SHOOT OR ACIDIZE | <input type="checkbox"/> | <input type="checkbox"/> |
| REPAIR WELL | <input type="checkbox"/> | <input type="checkbox"/> |
| PULL OR ALTER CASING | <input type="checkbox"/> | <input type="checkbox"/> |
| MULTIPLE COMPLETE | <input type="checkbox"/> | <input type="checkbox"/> |
| CHANGE ZONES | <input type="checkbox"/> | <input type="checkbox"/> |
| ABANDON* | <input type="checkbox"/> | <input type="checkbox"/> |
| (other) Casing and cement | | |

5. LEASE
NM-36409
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
RECEIVED
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
McClellan Fed. MOC *F. MOC* **OCT 14 1982**
9. WELL NO.
3 **O. C. D. ARTESIA, OFFICE**
10. FIELD OR WILDCAT NAME
from State
Undesignated Abo
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 29-T5S-R25E
12. COUNTY OR PARISH
Chaves
13. STATE
NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3797' G.L.

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)*

10/06/82: Move in Salazar Rig #14. Supdded with 12¼" bit.

10/07/82: TD at 1008'. Ran 1003' of 8-5/8" 24 lb/ft new casing. Cemented with 300 sx Halliburton Lite with ¼# sx flocele, 2% CaCl₂ and 250 sx Class "C" with 2% CaCl₂. WOC - 18 hours. Nipple up BOP. Tested to 500 psi for 30 minutes. Drill out with 7-7/8" bit.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

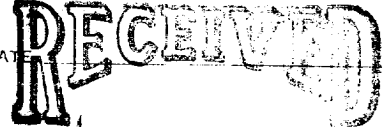
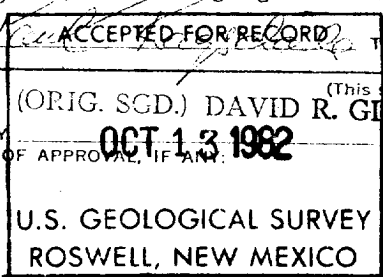
18. I hereby certify that the foregoing is true and correct

SIGNED *David R. Glass* **ACCEPTED FOR RECORD** TITLE Operations Manager DATE October 8, 1982

(ORIG. SGD.) DAVID R. GLASS (This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:



OCT 12 1982

*See Instructions on Reverse Side

OIL & GAS
MINERALS MGMT. SERVICE
ROSWELL, NEW MEXICO