Form 9-331 Dec. 1973	NN OIL CONS. ( Drawer DD Artesia, NN ( D STATES	88210	Forr Bud	m Approved. get Bureau No. 42-R1424
	OF THE INTERIOR		5. LEASE	
			NM-18967	
GEOLUGI	ICAL SURVEY		6. IF INDIAN, ALLOTTE	E OR TRIBE NAME
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.)			7. UNIT AGREEMENT NAME	
reservoir. Use Form 9–331–C for such p	roposals.)		8. FARM OR LEASE NA	
1. oil gas			North New Mil	1 Federal
	her PTA		9. WELL NO.	
2. NAME OF OPERATOR				· · · · · · · · · · · · · · · · · · ·
McClellan Dil Corporation			10. FIELD OR WILDCAT NAME	
3. ADDRESS OF OPERATOR			Wildcat- Strawing 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA	
P.O. Drawer 730, Roswell, NM 88202				
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)			<u>Sec. 15-T4S-R</u>	)7F
	NL & 660' FWL	1	2. COUNTY OR PARISH	
AT TOP PROD. INTERVAL: AT TOTAL DEPTH:			Chaves	NM
			14. API NO.	
16. CHECK APPROPRIATE BOX	TO INDICATE NATURE OF N	IOTICE,		
REPORT, OR OTHER DATA		1	5. ELEVATIONS (SHOW	N DF, KDB, AND WD)
REQUEST FOR APPROVAL TO:	SUBSEQUENT REPORT		<u>3952'G.L.</u>	
TEST WATER SHUT-OFF		01.	and the lot of the lot	
FRACTURE TREAT		RECEIV	ED BY	(A)
SHOOT OR ACIDIZE		,		E B B B B B B B B B B B B B B B B B B B
REPAIR WELL		<b>IAN</b> 1	(NOTE) Report results of m change on Form 9	ultiple completion or zone
MULTIPLE COMPLETE		<b>UMU T</b>	• · - • change on Form 9	-330.)
CHANGE ZONES			C. D.	
ABANDON*			, OFFICE	
(other)				
17 DESCRIBE PROPOSED OR C	OMPLETED OPERATIONS (Close		l nortinent details and	

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DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give Destinent 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.)\*

9/15/83 Location has been leveled and ripped and is ready for final inspection.

Subsurface Safety Valve: Manu. and Type	Set @ Ft.
18. I hereby certify that the foregoing is true and correct	
SIGNED Youl Kappen TITLE Operations Managero	ATE9/15/83
APPROVED This space for Federal or State office use)	
APPROVED BY Szd.) DETER W. CHESTER TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY: FEB 1 4 1984	
•See Instructions on Reverse Side	