

UNITED STATES ^{Artesia, NM 88210}
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, N.M.
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 760' FSL & 660' 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 & Cement <input type="checkbox"/>	<input type="checkbox"/>

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.)*

3/16/83: Move in Salazar Rig #14. Spud with 12 $\frac{1}{4}$ " bit.

3/23/83: Drilled to 1100' with 12 $\frac{1}{4}$ " bit. Ran 27 joints of 8-5/8", 24 lb/ft casing to 1083'. Cemented with 100 sxs ThixSet with 2% CaCl₂, 320 sxs Halliburton Lite with $\frac{1}{2}$ lb/sx flocele and 250 sxs Class "C" with 2% CaCl₂. Circulated 150 sxs. WOC - 18 hours.

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

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

SIGNED David R. Glass TITLE Operations Manager DATE 3/23/83

ACCEPTED FOR RECORD

(This space for Federal or State office use)

(ORIG. SGD.) DAVID R. GLASS

APPROVED BY _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: _____

MINERALS MANAGEMENT SERVICE
ROSWELL, NEW MEXICO

5. LEASE
NM-19582
6. IF INDIAN, ALLOTTEE OR TRIBAL **RECEIVED**
7. UNIT AGREEMENT NAME APR 04 1983
8. FARM OR LEASE NAME
Gragg Federal "A" O. C. D.
9. WELL NO. ARTESIA, OFFICE
1
10. FIELD OR WILDCAT NAME
Wildcat Wolfcamp
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 24-T14S-R22E
12. COUNTY OR PARISH 13. STATE
Chaves N.M.
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3975' G.L.

(NOTE: Report results of multiple completion or zone change on Form 9-330.4)

**OIL & GAS
MINERALS MGMT. SERVICE
ROSWELL, NEW MEXICO**