

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, NM 88202
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 660' FNL & 660' FWL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

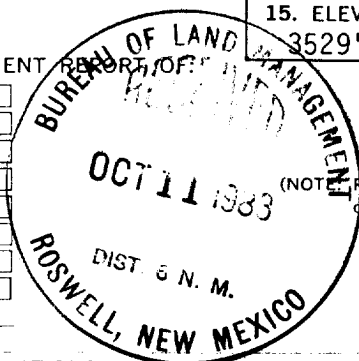
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

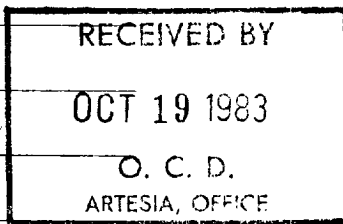
- TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) Casing & Cement

SUBSEQUENT REPORT OF:

- ☐
☐
☐
☐
☐
☐
☐
☐
☐
☐



5. LEASE
NM-11596
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
PJ - ~~Com~~ Federal *Com*
9. WELL NO.
3
10. FIELD OR WILDCAT NAME
W. Bitter Lake
South-Bitter-Lakes Abo
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 11-T9S-R25E
12. COUNTY OR PARISH
Chaves
13. STATE
NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3529' 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.)*

- 10/6/83: Move in WEK Rig #3. Spud with 12-1/4" bit.
- 10/8/83: Drilled to 912'. Ran 901' of 8-5/8", 23 lb/ft new casing. Cemented with 300 sx Pace Setter Lite with 2% CaCl₂ and 1/4 lb/sk celoflake and 200 sx Class C with 2% CaCl₂. Circulated 150 sx. WOC - 18 hours. Nipple up BOP's and test.
- 10/9/83: 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 *Karl Kagsdale* TITLE Operations Manager DATE 10/10/83

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

ACCEPTED FOR RECORD

JP
OCT 17 1983

*See Instructions on Reverse Side

ROSWELL, NEW MEXICO