

NM OIL CONS. COMMISSION
Drawer DD
Artesia, NM 88210
UNITED STATES

DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Form Approved.
Budget Bureau No. 42-R1424

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen a well or to deepen a reservoir. Use Form 9-331-C for such proposals.)

Nov 25 10 34 AM '83
BUREAU OF LAND MANAGEMENT
ROSWELL DISTRICT

1. oil well ☐ gas well ☒ other

2. NAME OF OPERATOR
McClellan Oil Corporation ✓

3. ADDRESS OF OPERATOR
P.O. Drawer 730, Roswell, NM 88201

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)

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 O.C.D.*
9. WELL NO.
3
10. FIELD OR WILDCAT NAME
South Pecos Slope *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.

RECEIVED BY
DEC 22 1983
ARTESIA, OFFICE

(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.)*

Propose to Plug and Abandon as follows:
Shoot off 4-1/2" casing at 3140' at top of cement. Pull casing. Set 200' cement plug from 3040'-3240' inside and out of 4-1/2" stub. Set 200' cement plug from 812'-1012' inside and out of 8-5/8" shoe at 912'. Set 60' cement plug at surface. Install dry hole marker and clean and level location.

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

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

SIGNED Paul R. Glass TITLE Operations Manager DATE 11/22/83

(This space for Federal or State office use)

APPROVED BY (ORIG. SGD.) DAVID R. GLASS TITLE _____ DATE _____
CONDITIONS OF APPROVAL DEC 21 1983



*See Instructions on Reverse Side