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O. C. D.

ARTESIA OFFICE

UNITED STATES

DEPARTMENT OF THE INTERIOR

GEOLOGICAL SURVEY

Drawer DD

Artesia, NM 882

Form Approved.

Budget Bureau No. 42-R1424

C/SF

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: 1980' FNL & 660' FEL
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) Off Lease Approval			

5. LEASE
NM-559993

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

MM Comm Federal

9. WELL NO.

2

10. FIELD OR WILDCAT NAME

South Pecos Slope

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 35-T9S-R25E

12. COUNTY OR PARISH

Chaves

13. STATE

NM

14. API NO.

30-005-62066

15. ELEVATIONS (SHOW DF, KDB, AND WD)

3614' 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.)*

Request off lease measurement for the MM Comm Fed. #2 thru the Transwestern meter station #1547 situated on the Tolmac State #1.

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

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

SIGNED Peter W. Chester TITLE Operations Mgr. DATE Sept. 14, 1984

APPROVED

(This space for Federal or State office use)

APPROVED (Orig. Sgd.) PETER W. CHESTER TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

OCT 5 1984

*See Instructions on Reverse Side