Form 9-331 Dec. 1973 D	MA UIL CONS. COMMISSION Drawer Dr Artesia, A 88210 UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY	Form Approved Budget Bureau No. 42-4(1424 5. LEASE NM-0559993 6. IF INDIAN, ALLOTTEE OR T RECEIVED BY	c/sF
(Do not use this for reservoir. Use Form S 1. oil well 2. NAME OF OI McClellan 3. ADDRESS OF P.O. Draw 4. LOCATION OI below.) AT SURFACE AT TOP PRO AT TOTAL DE 16. CHECK APPR REPORT, OR REQUEST FOR AI TEST WATER SHI FRACTURE TREAT SHOOT OR ACIDI REPAIR WELL PULL OR ALTER MULTIPLE COMPI CHANGE ZONES ABANDON* Including estil	OPERATOR OPERATOR OPERATOR OPERATOR OPERATOR F OPERATOR F WELL (REPORT LOCATION CLEARLY. See space 17 CORDINATE BOX TO INDICATE NATURE OF NOTICE. OTHER DATA OPPROVAL TO: UT-OFF C CASING CASING CASING COPERATOR COPER	irectionally drilled, give subsurface locations and to this work.)*	
		DATE	