Form 9-331	Drawer DD Artesia, NM 882	210 Form Appro	
Dec. 1973 UNITED STATES	Г	5. LEASE	au No. 42-R1424
DEPARTMENT OF THE INT	ERIOR	NM-13978	•
GEOLOGICAL SURVEY	· · · · · · · · · · · · · · · · · · ·	6. IF INDIAN, ALLOTTEE OR T	IBE NARECEIVED BY
SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plug back to a diffe reservoir, Use Form 9-331-C for such proposals.)		7. UNIT AGREEMENT NAME OCT 3 1 1984	
1 all 500		8. FARM OR LEASE NAME Leeman Federal	O. C. D. ARTESIA, OFFICE
well well other	- j	9. WELL NO. 3	
2. NAME OF OPERATOR McClellan Oil Corporation	-	10. FIELD OR WILDCAT NAME	
3. ADDRESS OF OPERATOR		Pecos Slope Abo	
P.O. Drawer 730, Roswell, NM 4. LOCATION OF WELL (REPORT LOCATION CI		11. SEC., T., R., M., OR BLK. A AREA	ND SURVEY OR
holow)		Sec. 12-T9S-R25E	
AT SURFACE: 1650' FSL & 1980' F AT TOP PROD. INTERVAL:	WL	12. COUNTY OR PARISH 13.	
AT TOTAL DEPTH:		Chaves	NM
16. CHECK APPROPRIATE BOX TO INDICATE	NATURE OF NOTICE,		
REPORT, OR OTHER DATA		15. ELEVATIONS (SHOW DF, 3664' G.L.	KDB, AND WD)
	JENT REPORT OF:	<u> </u>	
TEST WATER SHUT-OFF I FRACTURE TREAT I			
SHOOT OR ACIDIZE			
REPAIR WELL PULL OR ALTER CASING		(NOTE: Report results of multiple change on Form 9-330.)	completion or zone
MULTIPLE COMPLETE			
ABANDON*			
(other)			
17. DESCRIBE PROPOSED OR COMPLETED OPE including estimated date of starting any pro- measured and true vertical depths for all mar	posed work. If well is dir	ectionally drilled, give subsurface	pertinent dates, ce locations and
Propose to plug and abandon a			
<pre>#1 Set 200' cement plug from</pre>	3900' to 4100'	across Abo perfs (397	3'-4326').
#2 Shoot off casing at 3200'	and pull casing	to surface.	
#3 Set 100' cement plug in a	nd out of stub.		
#4 Set 100' cement plug from	1660' to 1760' ad	cross Glorieta.	
#5 Set 100' cement plug from	900' to 1000' in	n 8-5/8" shoe.	
#6 Set 50' cement plug at su Subsurface Safety Valve: Manu. and Type	rface.	Set @	Ft.
18. I hereby certify that the foregoing is true and c			
SIGNED Jan Lagdale TIT		10/17/8	4
APPROVED (This sp	ace for Federal or State office	e use)	
APPROVIDENT Sed) PETER W. CHESTER T CONDITIONS OF APPROVAL, IF ANY:	ITLE	DATE	
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OCT 3 0 1981			
*Se	e Instructions on Reverse Sid	e	