

C/SF

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 to change the location of a well or to change the location of a reservoir. Use Form 9-331-C for such proposals.)

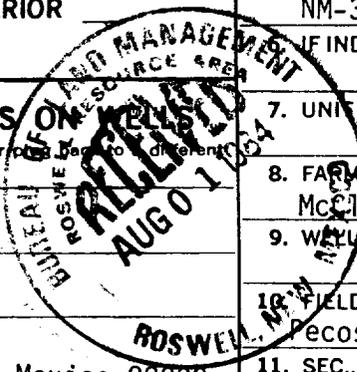
1. oil well  gas well  other

2. NAME OF OPERATOR  
McClellan Oil Corporation

3. ADDRESS OF OPERATOR  
P. o. Drawer 730, Roswell, New Mexico 88202

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 990' FSL & 660' FWL  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH:

5. LEASE NM-36409 IF INDIAN, ALLOTTEE OR TRIBAL	RECEIVED BY AUG 17 1984
7. UNIT AGREEMENT NAME	O. C. D. ARTESIA, OFFICE
8. FARM OR LEASE NAME McClellan Federal MOC	
9. WELL NO. 8	
10. FIELD OR WILDCAT NAME Pecos Slope Abo	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 28-T5S-R25E	
12. COUNTY OR PARISH Chaves	13. STATE NM
14. API NO.	
15. ELEVATIONS (SHOW DF, KDB, AND WD) 3776 G.L.	



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) Shut In <input type="checkbox"/>	

(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.)\*

Due to no available contractable gas sales line, this well will not be completed until such line is available.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED Paul Kaystle TITLE Operations Manager DATE July 30, 1984

ACCEPTED FOR RECORD (This space for Federal or State office use)

APPROVED BY PETER W. CHISTER TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: AUG 16 1984