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UNITED STATES
DEPARTMENT OF THE INTERIOR
ARTESIA, GEOLOGICAL SURVEY

NM OIL CONS. COMMISSION

Drawer DD

Artesia, NM 88210

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 or plug back to a different reservoir. Use Form 9-331-C for such proposals.)

1. oil ☐ gas ☒ other ☐
well well

2. NAME OF OPERATOR

McClellan Oil Corporation

3. ADDRESS OF OPERATOR

P. O. Drawer 730, Roswell, New Mexico

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 1980' FNL & 860 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:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐CHANGE ZONES ☐ABANDON* ☐

(other) Amend Surface Use Plan

5. LEASE

NM-34639

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

S.U. Federal

9. WELL NO.

1

10. FIELD OR WILDCAT NAME

South Pecos Slope Abo

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

Sec. 9-T9S-R25E

12. COUNTY OR PARISH

Chaves

13. STATE

NM

14. API NO.

NA

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

3650' 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.)*

Amend Surface Use Plan to include the crossing of a fence located between Sections 8 and 9 by means of a cattle guard.

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

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

SIGNED Mark McClellan TITLE Geologist DATE 7/20/84

(This space for Federal or State office use)

APPROVED BY S/Levi Deike, Acting TITLE Area Manager DATE 7-26-84
CONDITIONS OF APPROVAL, IF ANY: