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JUL 30 1984  
UNITED STATES  
DEPARTMENT OF THE INTERIOR  
ARTESIA, GEOLOGICAL SURVEY

NM OIL CONS. COMMISSION  
Drawer DD  
Artesia, NM 88210

### 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, 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	<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) 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: