

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 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, NM 88202
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* ☐

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(other) Cement and Casing

5. LEASE
NM-34649

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME RECEIVED BY

8. FARM OR LEASE NAME
SU Fed. OCT 12 1984

9. WELL NO.
1 O. C. D.
ARTESIA, OFFICE

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
New Mexico

14. API NO.

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.)*

8-12-84 Spud w/WEK #3 w/12-1/4" bit

8-14-84 Ran 903 ft of 8-5/8", 24 lb/ft casing. Cemented with 350 sx PaceSetter lite w/2% CaCl₂ and 200 sx Class C w/2% CaCl₂. Circulated 100 sx. N U BOP's. WOC - 18 hrs. Tested to 1000 psi for 1 hr. Drill out w/7-7/8" bit.

8-21-84 T. D. at 4310 ft. Logged w/Dresser CNL/FDC/DLL/MSFL. Ran 4310 ft. of 4-1/2" casing, 10.5 lb/ft. Cemented w/400 sx Class C₁ 50/50 Poz. Release rig.

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

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

SIGNED Paul Regedale TITLE Operations Mgr. DATE 10-2-84

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

APPROVED BY PETER W. CHESTER TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

OCT 11 1984