



UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM-11596

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

PJ Fed.

9. WELL NO.

4

10. FIELD AND POOL, OR WILDCAT

South Pecos Slope

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

Sec. 7-T9S-R26E

12. COUNTY OR PARISH

Chaves

13. STATE

NM

1. (Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)
DIL ☐ GAS ☒ 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 and in accordance with any State requirements.
See also space 17 below.)
At surface

1930' FSL & 660' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether OF, RT, OR, etc.)

3686' G.L.

16.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Cement & Casing

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

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.)

12/7/84: TD at 4650' with 7-7/8" bit. Ran 113 joints, 4500' of 4-1/2", 10.5 lb/ft casing. Cemented with 360 sx Class C, 50/50 Poz with 2% gel. Temperature Survey after 18 hours. PBD - 4500'. TOC - 3000'.

12/10/84: Rig up pulling unit and start completion.

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

SIGNED

TITLE Operations Manager

DATE 3/19/85

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side