NN OIL CONS. COMMISSION Drawer DD UNITED STATES Artesiasum of the Interior (Other instructions on re-Form approved. Budget Bureau No. 42-R1424. RECEINED BY 5. LEASE DESIGNATION AND SERIAL NO. NM-25862 GEOLOGICAL SURVEY 6. IF INDIAN, ALLOTTEE OR TRIBE NAME SUNDRY NOTICES AND REPORTS ON WELLS m for proposals to drill or to deepen or plug back to a different reservoir. se "APPLICATION FOR PERMIT-" for such proposals.) ARTESIA, OFFICE 7. UNIT AGREEMENT NAME WELL GAS WELL NAME OF OPERATOR 2. 8. FARM OR LEASE NAME ٠,, McClellan Oil Corporation Toles Federal 3. ADDRESS OF OPERATOR 9. WELL NO. P.O. Drawer 730, Roswell, NM 88202 LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface 10, FIELD, AND POST, OR WILDCAT Pecos Slope Abo 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 660' FSL & 660' FWL Sec. 15-T8S-R23E 14. PERMIT NO. 15. BLEVATIONS (Show whether DF, RT, GR, etc.) 12. COUNTY OR PARISH 13. STATE 3950' G.L. Chaves NM 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: TEST WATER SHUT-OFF PULL OR ALTER CASING WATER SHUT-OFF REPAIRING WELL FRACTURE TREAT MULTIPLE COMPLETE FRACTURE TREATMENT ALTERING CASING SHOOT OR ACIDIZE ABANDON* SHOOTING OR ACIDIZING ABANDONMENT*. REPAIR WELL CHANGE PLANS (NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (Other) 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.) *

Propose to change approved casing plan for drilling the referenced Toles Fed. #2 to the following:

<u>Hole Size</u>	<u>Casing Size</u>	Wt/ft	<u>Depth</u>	Cement
12-1/4"	8-5/8"	24	800'	Circulate - 500 sx
7-7/8"	4-1/2"	10.5	3600'	350 sx

No 13-3/8" surface casing will be set.

18. I hereby certify that the foregoing is true and correct SIGNED	TITLE Operations Manager	DATE 7/8/85
(This space for Federal or State office use) APPROVED BY	•	APPROVED
CONDITIONS OF APPROVAL, IF ANY:	TITLE	PETER W. CHESTER
*S	ee Instructions on Reverse Side	JUL 9 1985
		BUREAU OF LAND MANAGEMENT ROSWELL RESOURCE AREA