

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
Artesia, NM 88210

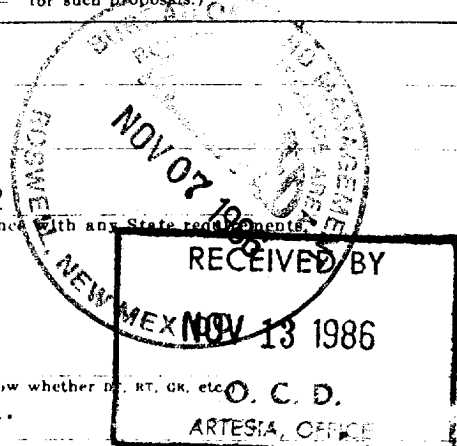
NM Oil & Gas Lease
(Other Instructions)
Lesson

Budget Bureau No. 1004-0135
Expires August 31, 1985

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 "APPLICATION FOR PERMIT" for such proposals.)

| | |
|---|--|
| 1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER | 5. LEASE DESIGNATION AND SERIAL NO. NM-36409 |
| 2. NAME OF OPERATOR McClellan Oil Corporation | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME |
| 3. ADDRESS OF OPERATOR P.O. Drawer 730, Roswell, NM 88202 | 7. UNIT AGREEMENT NAME |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FNL & 660' FEL | 8. FARM OR LEASE NAME McClellan MOC Fed. |
| 14. PERMIT NO. | 9. WELL NO. 9 |
| 15. ELEVATIONS (Show whether D., RT., GR., etc.) 3793' G.L. | 10. FIELD AND POOL, OR WILDCAT Pecos Slope - Abo |
| | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 29-T5S-R25E |
| | 12. COUNTY OR PARISH Chaves |
| | 13. STATE NM |



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

| NOTICE OF INTENTION TO: | | SUBSEQUENT REPORT OF: | |
|--|---|--|--|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> | WATER SHUT-OFF <input type="checkbox"/> | REPAIRING WELL <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | MULTIPLE COMPLETION <input type="checkbox"/> | FRACTURE TREATMENT <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/> | ABANDON* <input type="checkbox"/> | SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANT <input type="checkbox"/> | (Other) Cement & Casing | X |

(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.) *

10/2/86: Drilled to 4200'. Logged with Schlumberger CNL-LDT-DLL.

10/3/86: Ran 4115' fo 4-1/2", 10.5 lb/ft & 11.6 lb/ft used casing. Cemented with 380 sx Class C with 5 lb/sx salt, .3% Halad-4 and .2% CFR-3. Plug down at 10:00 pm 10-3-86.

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

SIGNED Paul C. Sengstacke
(This space for Federal or State office use)

TITLE Operations Manager

DATE 11/6/86

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

ACCEPTED FOR RECORD
PETER W. CHESTER
DATE

NOV 12 1986

BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA

*See Instructions on Reverse Side