

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
NM Oil Cons. Comm. 88210
Artesia, NM

Budget Form No. 1004
Expires August 31, 1985
5. LEASE DESIGNATION AND SERIAL
NM-36409
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 <input type="checkbox"/> | RECEIVED BY DEC - 5 1986 O. C. D. ARTESIA OFFICE | 7. UNIT AGREEMENT NAME |
| 2. NAME OF OPERATOR McClellan Oil Corporation | | 8. FARM OR LEASE NAME McClellan_MOC Fed. |
| 3. ADDRESS OF OPERATOR P.O. Drawer 730, Roswell, NM 88202 | | 9. WELL NO. 9 |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State law or regulation. See also space 17 below.) At surface 1980' FNL & 660' FEL | | 10. FIELD AND POOL, OR WILDCAT Pecos Slope Abo |
| | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 29-T5S-R25E |
| 14. PERMIT NO. | 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3793' G.L. | 12. COUNTY OR PARISH Chaves |
| | | 13. STATE NM |

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 COMPLETE <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 PLANE <input type="checkbox"/> | (Other) Cementing Annulus <input checked="" type="checkbox"/> | |
| (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.) * | | | |

10/3/86: After cementing 4-1/2" long string, pulled slips, ran 1425' of 1" tubing down 4-1/2" - 8-5/8" bradenhead annulus. Cemented with 350 sx Class C cement with 2% CaCl₂. Circulated 50 sx cement. Shut down, WOC - 8 hours. Released rig.

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

SIGNED Paul Ragsdale

TITLE Operations Manager

DATE 12/2/86

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD
PETER W. CHESTER
DATE

DEC 3 1986

BUREAU OF LAND MANAGEMENT
ROSWell RESOURCE AREA

*See Instructions on Reverse Side