

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NEW OIL CONS. COMMISSION
Drawer DD
SUBMIT IN TRIPL
Artesia, NM 88202
(Reverse side)

Form approved
Budget Bureau No. 1004-1-1
Expires August 31, 1985 *clsf*

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 ☐ 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 and in accordance with any State requirements.
See also space 17 below.)
At surface
1980' FSL & 660' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DE, RT, GR, etc.)
3590' G.L.

APR 14 1987
RECEIVED BY
ROSWEIL, NEW MEXICO
C. C. D.
ARTESIA, OFFICE

5. LEASE DESIGNATION AND SERIAL NO.
NM-0559993

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
MM Fed.

9. WELL NO.
6

10. FIELD AND POOL, OR WILDCAT
Pecos Slope Abo

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 26-T9S-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"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input checked="" type="checkbox"/> Cement & casing		<input checked="" type="checkbox"/> XX

(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.) *

4/9/87: Spudded at 8:30 pm with 12 1/4" bit. WEK rig #1.

4/11/87: Drilling at 910'. Ran 910' of 8-5/8", 24 lb casing. Cemented using Halliburton with 250 sx Halliburton Lite 2% CaCl & 200 sx Class "C" 2% CaCl. Plug down at 8:00 am. Circulated 90 sx. WOC



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

SIGNED Walter Lee TITLE Drilling Engineer DATE 4/13/87

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD
PETER W. CHESTER
DATE
APR 23 1987
BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA

*See Instructions on Reverse Side