

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
HOBBS, NEW MEXICO 88240

Form approved.
Budget Bureau No. 1004-013
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS RECEIVED

(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"/>	DEC 01 '87	5. LEASE DESIGNATION AND SERIAL NO.	NM-8431
2. NAME OF OPERATOR McClellan Oil Corporation ✓	O. C. D.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. Drawer 730, Roswell, NM 88202	ARTESIA, OFFICE	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 1990' FNL & 1980' FEL		8. FARM OR LEASE NAME Penjack Federal	
		9. WELL NO. 5	
		10. FIELD AND POOL, OR WILDCAT Pecos Slope Abo	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 6-T10S-R26E	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GK, etc.) 3749' G.L.	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 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 PLANS <input type="checkbox"/>	(Other) Run 8-5/8" casing	(Other) <input checked="" type="checkbox"/>
(Other) <input 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.) *

11/17/87: Move in WEK Rig #1. Spud with 12 1/4" bit.

11/18/87: TD at 900'. Ran 900' of 8-5/8" casing. Cement with 300 sx Halliburton Lite & 200 sx Class "C". Circulated 25 sx. WOC 18 hours. Nipple up BOP's & test 1000 psi for 30 minutes. Drill out with 7-7/8" bit.

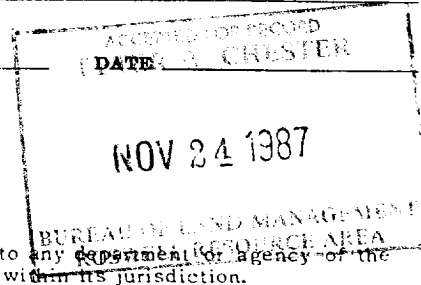
18. I hereby certify that the foregoing is true and correct

SIGNED W. Lee TITLE Drilling Engineer DATE 11/19/87

(This space for Federal or State office use)

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

*See Instructions on Reverse Side



10/10/2007
HOURS OFFICE