

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

Form approved.
Budget Bureau No. 1004-0111
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM-8431

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Penjack Fed.

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

12. COUNTY OR PARISH 13. STATE

Chaves

NM

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.)

RECEIVED

FEB 17 '89

O. C. D.

ARTESIA, OFFICE

1. OIL WELL ☐ GAS WELL ☒ OTHER ☐ Dry

2. NAME OF OPERATOR
McClellan Oil Corporation

3. ADDRESS OF OPERATOR
P.O. Drawer 730, Roswell, N.M. 88202

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface

990 FNL & 1980 FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DE, RT, GR, etc.)

3749 G.L.

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

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

(Other)

(Other)

(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.) *

Surface Reclamation is complete. This is a final abandonment notice.

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

SIGNED

TITLE Operations Manager

DATE 1/24/89

(This space for Federal or State office use)

APPROVED BY

TITLE

Super. Min. Res. Spec.

DATE

2/9/89

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side