

CLSF

Form 3160-5
 (November 1983)
 (Formerly 9-331)

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

Form approved.
 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 GAS WELL OTHER Plug & Abandon

2. NAME OF OPERATOR
 McClellan Oil Corporation 505-622-3200

3. ADDRESS OF OPERATOR
 P.O. Drawer 730 Roswell, NM 88202-0730

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
 See also space 17 below.)
 At surface
 660' FNL & 660' FWL

14. PERMIT NO. _____ 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
 3912' GL

RECEIVED
 MAY 31 1991
 O. C. D.
 ARTESIA OFFICE

5. LEASE DESIGNATION AND SERIAL NO.
 NM-31257

6. IF INDIAN, ALLOTTEE OR TRIBE NAME _____

7. UNIT AGREEMENT NAME _____

8. FARM OR LEASE NAME
 Lisa "B" Federal

9. WELL NO.
 #1

10. FIELD AND POOL, OR WILDCAT
 Double L Queen

11. SEC., T., R., M., OR BLK. AND SURVEY OR ANNA
 Sec 13-T15S-R29E

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"/>	FULL 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 checked="" type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) _____	(Other) _____
(Other) P & A			

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.)*

5½ csg 2060' 250 sx
 TOC 300'
 Perfs 1959'-1970'

2 3/8 EUE tbg
 Salt Top 425'
 Bottom 1070'

1. Set CIBP at 1900' & put 35' cmt on top.
 2. Load hole w/heavy gelled H₂O.
 3. 1st plug 1120' to 1020' 30 sx
 2nd plug 475' to 375' 30 sx Inside 5½ (tag)
 3rd plug 60' to Surface 15 sx
 4th plug 60' to Surface 20 sx between 5½ & surface.
- Clean location & install dry hole marker.

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

SIGNED *Peter W. Chester* TITLE Drlg. & Comp. Engineer DATE 5-23-91

(This space for Federal or State office use)

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

APPROVED
 PETER W. CHESTER
 DATE
 MAY 30 1991
 BUREAU OF LAND MANAGEMENT
 ROSWELL RESOURCE AREA

*See Instructions on Reverse Side