

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-verse side)

Form approved.
Budget Bureau No. 42-R1424.

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 (proposals).)

1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> WIW		RECEIVED BY JUL 30 1985 O. C. D. ARTESIA, CALIF.	5. LEASE DESIGNATION AND SERIAL NO. LC-069280-B
2. NAME OF OPERATOR McClellan Oil Corporation ✓			6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Drawer 730, Roswell, NM 88202			7. UNIT AGREEMENT NAME Sulimar Queen Unit
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			8. FARM OR LEASE NAME Tract II
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, OR, etc.) 3938' G.R.	9. WELL NO. 7	10. FIELD AND POOL, OR WILDCAT Sulimar Queen
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 19-T15S-R30E	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 checked="" type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input 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.)

Propose to repair casing collar leak by tightening casing, if possible. If not, will pull tubing and packer, locate casing leak by using a bridge plug and packer. If possible, once leak is found, we will attempt to "one inch" down braden head to cover leak. If not possible to one inch, we will squeeze leak with Class C cement, drill out squeeze and re-store injection.

Request approval for unlined disposal pit to back flow well into.

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

SIGNED Paul Ragobala TITLE Operations Manager DATE 7/26/85

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: _____