					$\sim$	
Form 9-331 (May 1963)		TED STATES	SUBMIT IN (Other instru	'LICATE'	Form appr Budget Bu	reau No. 42-R14
		T OF THE INTE	RIOR verse side)		5. LEASE DESIGNATION	ON AND SERIAL NO
	GEOLO	OGICAL SURVEY			LC-069280	
SUNE	DRY NOTICES	AND REPORTS	ON WELLS		6. IF INDIAN, ALLOT	TEE OR TRIBE NAM
			g back to a different rese proposals.)	ervoir.		· .
	Use AFFLICATION	FOR FERMI1— Tor such	i proposais.)			
					7. UNIT AGREEMENT NAME	
WELL WELL OTHER WIW					Sulimar Queen Unit 8. FARM OR LEASE NAME	
McClellan Oi	1 Corporati					•
. ADDRESS OF OPERATOR	I COLPOLACI				TRACT II 9. WELL NO.	1
P. O. Box 848. Roswell New Mexico 88201					7	
P. O. Box 848, Roswell, New Mexico 88201 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)					10. FIELD AND POOL, OR WILDCAT	
At surface	Sulimar Queen					
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA					
660' FN & WL					Sec. 19-T	
		-				
14. PERMIT NO.		ELEVATIONS (Show whether	DF, RT, GR, etc.)		12. COUNTY OR PARI	
	3	3938' GR			Chaves	New Me
6.	Check Appropri	iate Box To Indicate	Nature of Notice, R	eport. or O	ther Data	
NG	TICE OF INTENTION TO		1		ENT REPORT OF:	
	["]			·	<b>1</b>	
TEST WATER SHUT-OFF		ALTER CASING	WATER SHUT-OF		REPAIRING	
FRACTURE TREAT SHOOT OR ACIDIZE	ABANDON	LE COMPLETE	FRACTURE TREA		ALTERING	
REPAIR WELL	CHANGE		(Other) Con	version	to WIW	XX
(Other)			(NOTE: R	eport results	of multiple completion	n on Well
7. DESCRIBE PROPOSED OR ( proposed work. If	COMPLETED OPERATIONS	S (Clearly state all pertin			tion Report and Log i	
inj	ecting wate	er at the rat	e of 150 bar	rels pe	er day on 8	/29/75.
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				5 N 1		가 있는 것이 있다. 이 아이 같은 것 같은 것
				-05	IVED	
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		1311 0 1	070	JAN-	0.000	
		1 3 MAU	5/0	- = 010	CICAL SURVER	
			_	U.S. GLULU	NEW MEXICO	
		(), (), (), (), (), (), (), (), (), (),	, ,	ARIESINA	CICAL SURVEY NEW, MEXICO	
. I hereby certify that the	foregoing is true an	ARTESIA, DF				
SIGNED O	a Tay	LOZ TITLE	Office Man	ager		5/76
(This space for Federal	I or State office use)					
APPROVED BY	ROVAL, IF ANY:	TITLE			DATE	
DHUNGERAPP	NOTAR, IF ANI ;				•	•
DPRICE I	1					
IANTRIM	Ì	*Saa lantanatia	ns on Reverse Side			
REEKIVINI	FER_	Jee manucho	in on neverse side			
ACTING DISTRICT ENCIN	. *					
ACTING UN						