

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

NM Oil Conservation Commission
(Other instructions on reverse side)

Form approved,
Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

LC-069817

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Patrick Federal

9. WELL NO.

#1

10. FIELD AND POOL, OR WILDCAT

Double L Queen Assoc.

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec 12-T15S-R29E

12. COUNTY OR PARISH

Chaves

13. STATE

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.)

1. OIL WELL ☐ GAS WELL ☒ OTHER Plug & Abandon Finalization

2. NAME OF OPERATOR

McClellan Oil Corporation

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' FSL & 1650' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GK, etc.)

3908' GL

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other) Finalization

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.)*

8/13/91 Set CIBP at 1900' & put 35' cmt on top.
Circulated hole w/gel H2O.

1st plug 1000' to 850' w/30 sx cmt. Ran 1" tbg to 350' between 5½ & hole - set 30sx plug - cmt top at 220'.

Ran 1" tbg inside 5½ csg to 350' - cmted to surface - 50 sx

Ran 1" tbg to 60' cmt - circulated-cmt 10-15 sx.

Installed dry hole marker and finalized location as per final w/John Crane.

Ready for inspection.

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

SIGNED

TITLE Drlg. & Comp. Engineer

DATE 8/21/91

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

Approved as to plugging of the well bore.
Liability under bond is retained until
surface restoration is completed.

*See Instructions on Reverse Side

DATE

SEP 4 1991

NM Oil Cons. Commission
UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER Plug and Abandon		RECEIVED JUL 10 1991 O. C. D. ARTESIA OFFICE
2. NAME OF OPERATOR McClellan Oil Corporation		7. UNIT AGREEMENT NAME
3. ADDRESS OF OPERATOR P.O. Drawer 730 Roswell, NM 88202-0730		8. FARM OR LEASE NAME Patrick Federal
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' FSL & 1650' FWL		9. WELL NO. #1
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT Double L Queen Assoc.
15. ELEVATIONS (Show whether DF, RT, OR, etc.) 3908' GL		11. SEC., T., R., M., OR BLK. AND SURVEY OR ARMA Sec 12-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:

TEST WATER SHUT-OFF <input type="checkbox"/> FRACTURE TREAT <input type="checkbox"/> SHOOT OR ACIDIZE <input type="checkbox"/> REPAIR WELL <input type="checkbox"/> (Other) <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETE <input type="checkbox"/> ABANDON* <input checked="" type="checkbox"/> CHANGE PLANE <input type="checkbox"/>
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SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/> FRACTURE TREATMENT <input type="checkbox"/> SHOOTING OR ACIDIZING <input type="checkbox"/> (Other) <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> ABANDONMENT* <input type="checkbox"/>
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(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.)*

2 3/8 tbg.
5 1/2 csg - 1983'
Perfs - 1964' to 1985'

1. Set CIBP at 1900' & put 35' cmt on top.
2. Circulate hole w/heavy gel H2O.
3. Cut & pull csg from 300'.
4. Set cmt plug 350' to 250' 25 sx (Tag)
5. Set 50" cmt plug at surface.

Install dry hole marker and prepare for finalization.

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

SIGNED Ernest Lee

TITLE Drlg. & Comp. Engineer

DATE 6/28/91

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side

