Form 9-331 (May 1963)

U FED STATES SUBMIT IN TRI SATE* DEPARTMENT OF THE INTERIOR (Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-069280-A

| GEOLOGICAL SURVEY | | | LC-069280-A |
|---|---------------------------|---|---|
| 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.) | | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME |
| i. | 7. UNIT AGREEMENT NAME | | |
| OIL SANGE OF OPERATOR 2. NAME OF OPERATOR | | | SULIMAR QUEEN UNIT |
| | | | TRACT |
| McClellan Oil Corporation " | | | 9. WELL NO. |
| P. O. Box 848, Roswell, New Mexico 88201 Location of well (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface | | | 2 |
| | | | 10. FIELD AND POOL, OR WILDCAT |
| | | | SULIMAR QUEEN |
| 1980' FN & WL | | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA |
| | | | Sec. 24-T15S-R29E |
| 4. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.) | | | 12. COUNTY OR PARISH 13. STATE |
| | 3933' G. L. | | CHAVES NEW MEXICO |
| 6. Check Appr | opriate Box To Indicate N | ature of Notice. Repo | ort, or Other Data |
| NOTICE OF INTENTIC | | 1 | SUBSEQUENT REPORT OF: |
| NOTICE OF INTENTION TO | | | REPAIRING WELL |
| | LL OR ALTER CASING | WATER SHUT-OFF FRACTURE TREATME | |
| | ANDON* | SHOOTING OR ACIDI | ZING ABANDONMENT* |
| 511001 08 110121111 | ANGE PLANS | (Other) | TUS OF WELL |
| (Other) | | (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) rtinent details, and give pertinent dates, including estimated date of starting any a leveling and true vertical depths for all markers and zones perti- | |
| THIS WELL WAS PREPIN IN INJECTION IN TH | | | ER 1971. DUE TO A DELAY ED TO FLOWING STATUS ON |
| | REGE | Y E D | INCOMPAND. |
| | WW 2 | مَنْ اللَّهُ اللَّهِ | El S. M. Colores |
| | ARTESIA | C. C. A. DEFICE | |
| 18. I hereby certify that the foregoing is SIGNED | true and correct | Operator | DATE 11/21/72 |
| (This space for please of State office of Photos of Conditions of Approval, if An | | | DATE |
| ACTING DISTRICT ENGINEER | | ns on Reverse Side | |