N.M.O.C.D. COPY Form 9-331 (May 1963) UnitED STATES Form approved. Budget Bureau No. 42-R1424. SUBMIT IN TRIPLICATE\* DEPARTMENT OF THE INTERIOR (Other in verse side) instructions on re-5. LEASE DESIGNATION AND SERIAL NO. GEOLOGICAL SURVEY <u>.C-069280-</u>A 6. IF INDIAN, ALLOTTEE OR TRIBE NAME SUNDRY NOTICES AND REPORTS ON WELLSCHIVED (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.) ī. APR 1 7 1981 OTHER Water Injection Well Sulimar Queen Unit 2. NAME OF OPERATOR 8. FARM OR LEASE NAME O. C. D. McClellan Oil Corporation ARTESIA, OFFICE 9. WELL NO. Post Office Drawer 730, Roswell, New Mexico 88201

LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*

See also space 17 below.)

At surface 3 10. FIELD AND POOL, OR WILDCAT <u>Sulimar Queen</u> 660' FNL & 2310' FWL 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 24-T15S-R29E 14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 12. COUNTY OR PARISH 13. STATE 3936' G.L Chaves 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF PULL OR ALTER CASING WATER SHUT-OFF REPAIRING WELL FRACTURE TREAT MULTIPLE COMPLETE FRACTURE TREATMENT ALTERING CASING SHOOT OR ACIDIZE ABANDON\* SHOOTING OR ACIDIZING REPAIR WELL CHANGE PLANS (Other) Convert to Water Injection (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (Other) 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.)\* Ran 2-3/8" plastic lined tubing with packer set at 1958.07'. Annulus 9/26/79: was filled with anti-corrosive packer fluid. Pressure gauge installed on tubing-casing annulus to check for tubing-annulus communications. 18. I hereby certify that the foregoing is true and correct SIGNED Engineer 4/14/81 DATE \_\_ (This space for Federal or State office use) APPROVED BY TITLE CONDITIONS OF APPROVAL, IF ANY: APR 16198

\*See Instructions on Reverse Side

U.S. GEOLOGICAL SURVEY