

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen a well back to a different reservoir. Use Form 9-331-C for such proposals.)

1. oil well ☒ gas well ☐ other ☐
2. NAME OF OPERATOR
McClellan Oil Corporation
3. ADDRESS OF OPERATOR
P.O. Drawer 730, Roswell, NM 88202
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 2310' FSL & 2310' FWL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

RECEIVED BY

JUN 05 1984

O. C. D.
ARTESIA, OFFICE

5. LEASE
LL-069280-A
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
Sulimar Queen Unit
8. FARM OR LEASE NAME
Tract I
9. WELL NO.
4
10. FIELD OR WILDCAT NAME
Sulimar Queen
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 24-T15S-R29E
12. COUNTY OR PARISH
Chaves
13. STATE
NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3062' G.L. 3966'

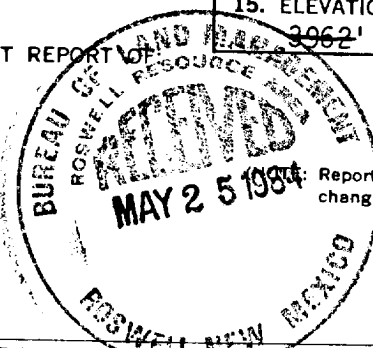
REQUEST FOR APPROVAL TO:

- TEST WATER SHUT-OFF ☐
- FRACTURE TREAT ☐
- SHOOT OR ACIDIZE ☐
- REPAIR WELL ☐
- PULL OR ALTER CASING ☐
- MULTIPLE COMPLETE ☐
- CHANGE ZONES ☐
- ABANDON* ☐

SUBSEQUENT REPORT OF

- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐

(other) Convert to water injection



Report results of multiple completion or zone change on Form 9-330.)

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 convert oil well to water injection well as per unit agreement of Sulimar Queen Unit Water Flood. Will utilize packer set at approximately 1920'. Tubing will be lined and annulus filled with "packer" fluid. Guages will be installed to monitor tubing/casing pressures. Maximum injection pressure will be 1000 psi.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Peter W. Chester TITLE Operations Manager DATE 4/24/84

APPROVED

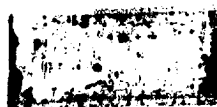
(This space for Federal or State office use)

APPROVED BY (Orig. Sgd.) PETER W. CHESTER TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: _____ SUBJECT TO LIKE _____ DATE _____

APPROVAL BY, STATE

JUN 4 1984



*See Instructions on Reverse Side

Post ID-3
3-22-85
Conv. to WIW