

Form 9-331
(May 1983)

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NM OIL CONS. COMMISSION
Drawer DD

UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

ARTESIA, NM 88210
SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-069280-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Sulimar Queen Unit

8. FARM OR LEASE NAME

Tracts 1 & 3

9. WELL NO.

See Below #5

10. FIELD AND POOL, OR WILDCAT

Sulimar Queen

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

T15S-R29E

12. COUNTY OR PARISH

Chaves

13. STATE

NM

1. OIL WELL ☐ GAS WELL ☐ OTHER ☒ Waterflood

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 and in accordance with any State requirements.* See also space 17 below.)
At surface

See Below

660/S 1980/W

14. PERMIT NO.

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

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)

PULL OR ALTER CASING

MULTIPLE COMPLETION

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Temporary Abandonment

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.)*

The following wells have been temporarily shut-in due to low production and uneconomic conditions at present. The wells will not be plugged at this time due to the possibilities of tertiary recovery being conducted in the future.

	Well #	Unit	Section
Tract I	5	N	24
	6	L	24
	7	M	24
	8	N	13
	10	N	24
	11	K	24
	12	C	24
	13	M	24
	14	K	24
Tract III	6	O	24

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

SIGNED Karl Kapidala

TITLE Operations Manager

DATE 6/5/85

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

See attached slips.

APPROVED FOR 12 MONTH PERIOD

DATE 7/12/85

*See Instructions on Reverse Side

APPROVED
PETER W. CHESTER
DATE

JUL 12 1985

BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA

