

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
NM Oil Cons. Comm. 101
Drawer DD

Expires August 31, 1985
5. LEASE DESIGNATION AND SERIAL NO.
LC-069820-A
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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. OF WELL ☐ GAS WELL ☐ OTHER ☒ Waterflood

2. NAME OF OPERATOR

McClellan Oil Corporation

3. ADDRESS OF OPERATOR

P.O. Drawer 730, Roswell, NM 88202

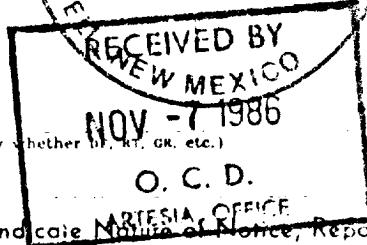
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface

See Below

1650/S 660/W

14. PERMIT NO.

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



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

NOTICE OF INTENTION TO:

TEST WATER SHUT OFF

PULL OR ALTER CASING

FRACURE TREAT

MULTIPLE COMPLET

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

Other:

SUBSEQUENT REPORT OF:

WATER SHUT OFF

FRACURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

Temporary Abandonment X
(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 and 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 abandoned since June 1985. We request a one year extension of this status due to uneconomic conditions. All wells passed the N.M.O.C.D. annular casing survey tests.

Tract I	Well #	Unit
	5	N
	6 ✓	L
	7	M
	10	N
	12	C
	13	M
	14	K

Tract III 6 0

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

SIGNED

Paul Reynolds

TITLE Operations Manager

DATE 10/13/86

(This space for Federal or State office use)

APPROVED BY

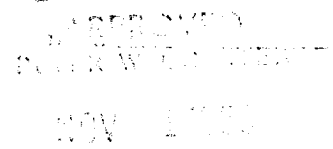
CONDITIONS OF APPROVAL, IF ANY:

SUBJECT TO THE

APPROVAL BY

TITLE

APPROVED FOR 12 MONTH PERIOD
ENDING NOV 4 1987
See Instructions on Reverse Side



ROSWELL RESOURCE AREA