

RECEIVED BY

JUL 19 1985

UNITED STATES

DEPARTMENT OF THE INTERIOR

GEOLOGICAL SURVEY

NEW OIL COND. COMMISSION

Drawer DD

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-069280-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use for proposals to drill or to deepen or plug back to a different reservoir.
See also space 17 below.)
APPLICATION FOR PERMIT— for such proposals.)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

14. PERMIT NO.

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

7. UNIT AGREEMENT NAME

Sulimar Queen Unit

8. FARM OR LEASE NAME

Tracts 1 & 3

9. WELL NO.

See Below #7

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

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 COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

Temporary 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 perti-
nent 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

Paul Kaykula

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 tips

APPROVED FOR MONTH PERIOD

ENDING

7/12/86

*See Instructions on Reverse Side

APPROVED
PETER W. CHESTER
DATE

JUL 12 1985

BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA

