

RECEIVED BY
JUL 19 1985
G.C.D. OFFICE

UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Drawer DD

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 applications to drill or to deepen or plug back to a different reservoir. See also space 17 below.)
APPLICATION FOR PERMIT— for such proposals.)

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

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

550/S 660/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:

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

ABANDONMENT*

REPAIR WELL

CHANGE PLANS

(Other) Temporary Abandonment

(Other)

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROMISED 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.

Tract	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 Kayelala

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 slip

APPROVED FOR 27 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

