

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
To the nearest
Office of the
Commissioner

Budget Bureau No. 1004-013
Expires August 31, 1985

45F

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. OIL WELL ☐ GAS WELL ☐ OTHER ☒ Waterflood

2. NAME OF OPERATOR
McClellan Oil Corporation

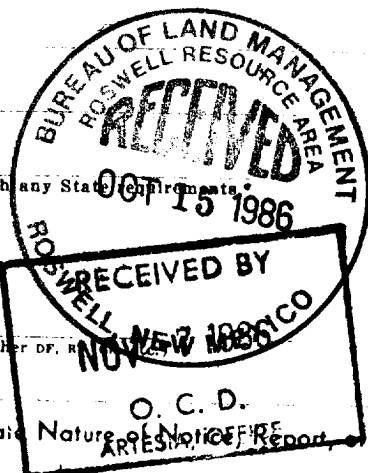
3. ADDRESS OF OPERATOR
P.O. Drawer 730, Roswell, NM 88202

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

~~See below~~ 990/N 1650/E

14. PERMIT NO.

15. ELEVATIONS (Show whether of, R, or L)



7. UNIT AGREEMENT NAME

Sulimar Queen Unit

8. FARM OR LEASE NAME

Tract IV 4

9. WELL NO.

~~See below~~ #2

10. FIELD AND POOL, OR WILDCAT

Sulimar Queen

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

Sec. 26-T15S-R29E

12. COUNTY OR PARISH 13. STATE

Chaves

NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETION

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE 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 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 shut-in since June 1985. We request a one year extension of this status due to economic conditions. Both wells passed the N.M.O.C.D. annular casing survey tests.

4
Tract IV, #1 - Unit A

Tract IV, #2 - Unit B ✓

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

SIGNED

[Signature]

TITLE Operations Manager

DATE 10/13/86

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

SUBJECT TO LIKE
APPROVAL BY STATE

TITLE

APPROVED FOR 12 MONTH PERIOD
ENDING NOV 4 1987

*See Instructions on Reverse Side

APPROVED

PETER W. CHESTER

NOV 4 1986

BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA