

UNITED STATES NM Oil Conservation Commission
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
Artesia, NM 88210

Expires August 31, 1985
5. LEASE DESIGNATION AND SERIAL NO.

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 ☐ GAS ☐ 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

2310' FWL & 330' FSL

14. PERMIT NO.

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

3938' G.L.

ARTESIA, OFFICE

LC-069280-A
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Sulimar Queen Unit

8. FARM OR LEASE NAME

Tract I

9. WELL NO.

8
10. FIELD AND POOL, OR WILDCAT

Sulimar Queen

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

Sec. 13-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

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) 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 Tract I well #8 has been temporarily abandoned since June 1985. We request a one year extension of this status due to economic conditions. This well passed the N.M.O.C.D. annular survey test.

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

SIGNED

Paul R. 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 LIKE

APPROVAL BY STATE

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