

Form 1000-5
(November 1984)
(Previously 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
Oil Cons. C. 18818
Drawer DD

Budget Period 2 - 1985
Expires August 31, 1985

NM-0493370A

SUNDRY NOTICES AND REPORTS ON WELLS

Artesia, NM 88210

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. WELL TYPE: ☐ GAS WELL ☐ OTHER Waterflood

2. NAME OF OPERATOR

McClellan Oil Corporation

3. ADDRESS OF OPERATOR

P.O. Drawer 730, Roswell, NM 88202

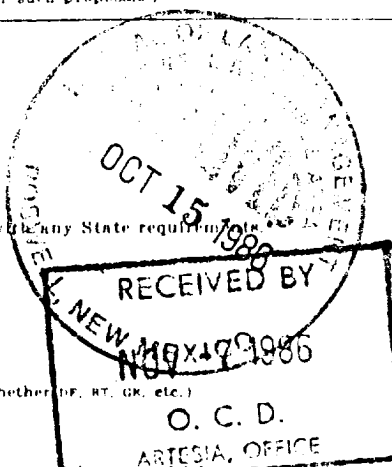
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface

See below

1650 ft 990/E

14. PERMIT NO.

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



7. UNIT AGREEMENT NAME

Sulimar Queen Unit

8. FARM OR LEASE NAME

Tract V

9. WELL NO.

See below

10. FIELD AND POOL OR MULTIPAT

Sulimar Queen

11. SEC., T., R., M., OR BLS. 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

SUBSEQUENT REPORT OF:

WATER SHUT OFF

PLUG OR ALTER CASING

WATER SHUT OFF

REPAIRING WELL

FRAC TREAT

MULTIPLE COMPLETION

FRAC TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZE

ABANDON*

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR WELL

CHANGE PLANT

OTHER

Temporary Abandonment

X

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

17. LOCATION OF WELL COMPLETION OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting and proposed well. 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 poor economic conditions. Both wells passed the N.M.O.C.D. annular casing survey tests.

Tract V, #1 - Unit H

Tract V, #2 - Unit G

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

SIGNED

TITLE Operations Manager

DATE 10/13/86

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY

TITLE

SUBJECT TO LIKE
APPROVAL BY STATE

APPROVED FOR 12 MONTH PERIOD
NOV 4 1987

*See Instructions on Reverse Side

Print name and title of person who prepared this report, and date of preparation, and sign and date of approval of this report. Do not sign or date if you are not the person who prepared this report, or if you are not the person who approved this report.