

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
NM Oil Cons. Co. ssion
Drawer DD

Budget Bureau No. 1004-1
Expires August 31, 1985

LEASE DESIGNATION AND SERIAL

NM-0493370A

IF INDIAN, ALLOTTEE OR TRIBE NAME

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. WELL NO. ☐ GAS ☐ WELL ☐ OTHER ☒ Waterflood

2. NAME OF OPERATOR
McClellan Oil Corporation

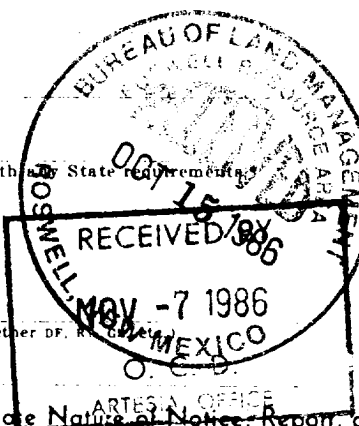
3. ADDRESS OF OPERATOR
P.O. Drawer 730, Roswell, NM 88202

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface
See below 2310/N 1650/E

14. PERMIT NO.

15. ELEVATIONS (Show whether DE, M, or B.)

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



7. UNIT AGREEMENT NAME
Sulimar Queen Unit

8. FARM OR LEASE NAME
Tract V

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
Chaves

13. STATE
NM

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Thoroughly 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.)

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	PULL OR ALTER CASING
FRACTURE TREAT	MULTIPLE COMPLETE
SHOOT OR ACIDIZE	ABANDON*
REPAIR WELL	CHANGE PLANS

OTHER:

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREATMENT	ALTERING CASING
SHOOTING OR ACIDIZING	ABANDONMENT*
(Other) Temporary Abandonment	X

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

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 Peter W. Chester TITLE Operations Manager DATE 10/13/86

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

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