

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIP DATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.
5. LEASE DESIGNATION AND SERIAL NO.

N.M. 0390243

6. 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.

OIL WELL ☐ GAS WELL ☒ OTHER *Dry*

2. NAME OF OPERATOR

McClellan Oil Corp.

3. ADDRESS OF OPERATOR

Box 848 Roswell, N. Mex. 88201

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

At surface

1980 FNL & 660 FWL

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Al Fin

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Wildcat

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

14-15S-29E N.M.P.M.

14. PERMIT NO.

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

3936 Gr

12. COUNTY OR PARISH

13. STATE

Chaves N. Mex.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

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PULL OR ALTER CASING

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FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

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REPAIRING WELL

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FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other)

(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.)*

Drilled to total depth of 1933'. Encountered water at 1912'. Propose to spot cement plugs as follows:

*100' plug 1810' - 1910'
100' plug 1000' - 1100'
100' plug 300' - 400'
10 sks in top of 8 5/8" csg.*

As per Verbal Approval of Mr. Kanayf

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

SIGNED

TITLE

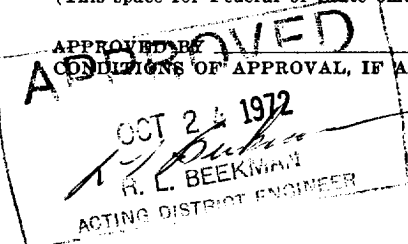
DATE

(This space for Federal or State office use)

TITLE

DATE

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:



*See Instructions on Reverse Side