

N. M. O. C. C. *Copy*
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Form approved.
Budget Bureau No. 42-R1424.

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.)

RECEIVED		5. LEASE DESIGNATION AND SERIAL NO. NM 0323736
1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
2. NAME OF OPERATOR McCLELLAN OIL CORPORATION		7. UNIT AGREEMENT NAME
3. ADDRESS OF OPERATOR P. O. Box 848, ROSWELL, NEW MEXICO 88201		8. FARM OR LEASE NAME HEADLEY FEDERAL
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660 F S L & 660 F E L		9. WELL NO. 1
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT WILDCAT
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3853 G. L.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 27, T-14-S, R-29-E
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		12. COUNTY OR PARISH CHAVES
NOTICE OF INTENTION TO:		13. STATE NEW MEXICO

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>SURFACE CASING</u> <input checked="" type="checkbox"/>	
(Other) <input type="checkbox"/>		(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.)*

ON DECEMBER 2, 1972, CEMENTED 231' OF USED 8-5/8", 20 LB.
CASING WITH 100 SX CEMENT. CEMENT CIRCULATED.
DECEMBER 3, 1972, DRILLED OUT PLUG AND TESTED 30 MINUTES,
NO FLUID. DRLG. AHEAD

RECEIVED
DEC 14 1972
U. S. GEOLOGICAL SURVEY
ALBUQUERQUE, NEW MEXICO

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

SIGNED <u>Jack L. McClellan</u>	TITLE <u>OPERATOR</u>	DATE <u>12/12/72</u>
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(This space for Federal or State office use)

APPROVED
DEC 14 1972
R. L. BEEKMAN
ACTING DISTRICT ENGINEER

TITLE _____ DATE _____