

Drawer DD

Artesia, NM 88201 UNITED STATES

DEPARTMENT OF THE INTERIOR

BUREAU OF LAND MANAGEMENT

CONTACT RECEIVED
OFFICE FOR NUMB.
OF COPIES REQUIRED
(Other instructions on re-
verse side)

NM Roswell District
Modified Form No.
NM60-3160-4

CISF

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		3a. Area Code & Phone No. 505-622-3200		5. LEASE DESIGNATION AND SERIAL NO. NM-56237	
2. NAME OF OPERATOR McClellan Oil Corporation ✓				6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. Box 730 Roswell, NM 88202				7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660 FSL & 660 FWL		NOV 9- '89		8. FARM OR LEASE NAME Hondo Fed	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3583 G.L.		9. WELL NO. #1	
		ARTESIA, OFFICE		10. FIELD AND POOL, OR WILDCAT Windmill-San Andies	
				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 10-T15S-R28E	
				12. COUNTY OR PARISH Chaves	
				13. STATE 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

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

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.) *

Well was placed back into production 10-2-89

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

SIGNED

TITLE Operation's Manager

DATE 10-3-89

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

