Form 9-331 (May 1963)	DEPARTM	JN' 'D STATËŜ IEN I OF THE INT	ERIOR (Other Instructions verse side)	re-	Form approved. Budget Bureau No. 42-R1424.  LEASE DESIGNATION AND SERIAL NO.  NM-0239738-A
	·	EOLOGICAL SURVE			6. IF INDIAN, ALLOTTEE OR TRIBE NAME
(Do not u	ISE this form for propose Use "APPLICA"	LIS to drill or to deepen or price of the control o	IS ON WELLS E D plus base to a deferent reservoir. uct proposals.)		
	GAS OTHER	Dry Hole	APR 20 1976		7. UNIT AGREEMENT NAME
2. NAME OF OPER	RATOR				3. FARM OR LEASE NAME
McClell	AN OIL CORPO	RATION -	D. C. L.		Mark "A" Federal
3. ADDRESS OF O	perator Box 848, Rosw	ELL, NEW MEXIC	O. C. C.  O. 88201  n any State requirements.*		9. WELL NO.
4. LOCATION OF A See also space At surface	WELL (Report location cle 17 below.)	early and in accordance wit	h any State requirements.*		WILDCAT
660' FN	I & WL				11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA  SEC. 5-T15S-R29E
14. PERMIT NO.		15. ELEVATIONS (Show whet	her DF, RT, GR, etc.)		12. COUNTY OR PARISH 13. STATE

(Other)

CHANGE PLANS

(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.)\*

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

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

3716.9' GR

NOTICE OF INTENTION TO:

FULL OR ALTER CASING

MULTIPLE COMPLETE

ARANDON\*

16.

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OF ACIDIZE

ON MARCH 8, 1974, DRILLED TO TOTAL DEPTH OF 1750'. WELL WAS PLUGGED AND ABANDONED AS FOLLOWS: 100' CEMENT PLUG 1640-1540' (QUEEN), 650 - 750' (BASE OF SALT), 215 - 315' (TOP OF SALT), AND 20 SX PLUG AT SURFACE. A DRY HOLE MARKER WAS INSTALLED.

U.S. GEOLOGICAL SURVEY

ARTESIA, NEW MEXICO

NEW MEXICO

CHAVES

REPAIRING WELL

ALTERING CASING

SUBSEQUENT REPORT OF:

	41CO-1	·
18. I hereby certify that the foregoing is true and correct SIGNED TITLE OPERATOR	DATE 3/25/7	+
(This space for Federal or State office use)  APPROVED BY	DATE	
APRIL 1976 *See Instructions on Reverse Side		