

Copy to SF

N. M. O. C. C. CO.,

Form 9-331
(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

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.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Dry Hole		RECEIVED FEB 5 1975 O.C.C. ARTESIA, OFFICE	5. LEASE DESIGNATION AND SERIAL NO. LC -- 069280-B
2. NAME OF OPERATOR McClellan Oil Corporation			6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 848, Roswell, New Mexico 88201			7. UNIT AGREEMENT NAME Tract II Sulimar Queen Unit
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 990' FSL & 1650' FEL			8. FARM OR LEASE NAME Tract II Sulimar Queen Unit
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.)	9. WELL NO. 6
			10. FIELD AND POOL, OR WILDCAT Sulimar Queen
			11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 13-T15S-R29E
			12. COUNTY OR PARISH Chaves
			13. STATE New Mexico

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

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 checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input 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.) *

July 29, 1974: This well has been plugged and abandoned as follows:

- 100' cement plug 2050' - 1950' (Top of Queen)
- 100' cement plug 380' - 480' (Top of Salt)
- 20' cement plug at surface.

You will be notified when location has been cleaned and is ready for inspection.

RECEIVED
JUL 30 1974
U.S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED <u>Jack L. McClellan</u>	TITLE <u>President</u>	DATE <u>July 29, 1974</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side

2-4-1