

DRAWER DD
UN ED STATES 882111
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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"/> Plug & Abandon | 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. Drawer 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 990' FSL & 1650' FEL | 8. FARM OR LEASE NAME Lisa "BS" Federal |
| 14. PERMIT NO. | 9. WELL NO. #1 |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3970' GL | 10. FIELD AND POOL, OR WILDCAT Sulimar/S.A. |
| | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 13-T15S-R29E |
| | 12. COUNTY OR PARISH Chaves |
| | 13. STATE NM |

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

NOTICE OF INTENTION TO:

| | | | |
|---------------------|--------------------------|----------------------|-------------------------------------|
| TEST WATER SHUT-OFF | <input type="checkbox"/> | PULL OR ALTER CASING | <input type="checkbox"/> |
| FRACTURE TREAT | <input type="checkbox"/> | MULTIPLE COMPLETE | <input type="checkbox"/> |
| SHOOT OR ACIDIZE | <input type="checkbox"/> | ABANDON* | <input checked="" type="checkbox"/> |
| REPAIR WELL | <input type="checkbox"/> | CHANGE PLANS | <input type="checkbox"/> |
| (Other) | <input type="checkbox"/> | | <input type="checkbox"/> |

SUBSEQUENT REPORT OF:

| | | | |
|-----------------------|--------------------------|-----------------|--------------------------|
| WATER SHUT-OFF | <input type="checkbox"/> | REPAIRING WELL | <input type="checkbox"/> |
| FRACTURE TREATMENT | <input type="checkbox"/> | ALTERING CASING | <input type="checkbox"/> |
| SHOOTING OR ACIDIZING | <input type="checkbox"/> | ABANDONMENT* | <input type="checkbox"/> |
| (Other) | <input type="checkbox"/> | | <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.)

Surface Pipe 10 3/4-32'
Casing Pipe 5 1/2

Perfs 3326'-3340'
Top of Salt 430'

1. Set CIBP at 3270' & put 35' cmt. on top.
 2. Circulate hole w/heavy gel H₂O.
 3. 1st Plug ~~2060-1940'~~ 30' sx cmt. 2060'-1940'
 4. 2nd Plug ~~1230-1120'~~ 30' sx cmt. Tag 1230'-1120'
 5. 3rd Plug ~~480-430'-330'~~ 30' sx cmt. Inside 5 1/2 430'-330'
 6. 4th Plug ~~480-430'-330'~~ 30' sx between 5 1/2 & open hole.
 7. 5th Plug 60' to surface 430'-330' Tag plug.
- all plugs in & behind 5 1/2 casing.*
Clean location & prep for finalization.



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

SIGNED *Mitch Lee*

TITLE Drlg. & Comp. Engineer

DATE 8/12/91

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED
DATE
PETER W. CHESTER

AUG 29 1991

*See Instructions on Reverse Side