

Form 1160-5
(November 1985)
(Previously 9-11)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
NM Oil Cons. Comm
Drawer DD

SUBMIT IN TRIPLICATE
(Other Instructions on Form 1160-5)

Expires August 31, 1985
5 LEASE DESIGNATION AND SERIAL NO.

LC-069820-A

6 IF INDIAN, ALLOTTEE OR TRIBE NAME

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.

7 UNIT AGREEMENT NAME

Sulimar Queen Unit

8 FARM OR LEASE NAME

Tracts ~~1~~ 3

9 WELL NO.

~~See below~~ # 6

10 FIELD AND FOOT OR WILDCAT

Sulimar Queen

11 SEC., T., R., M., OR BLM. AND SURVEY OR AREA

Sec. 24-T15S-R29E

12 COUNTY OR PARISH 13 STATE

Chaves

NM

1 NAME OF OPERATOR
McClellan Oil Corporation

2 ADDRESS OF OPERATOR

P.O. Drawer 730, Roswell, NM 88202

3 LOCATION OF WELL (Report location clearly and in accordance with any State requirements)

See also space 17 below

At surface

4

~~See Below~~

990/5 2310/E

14 PERMIT NO.

15 ELEVATIONS (Show whether D., RT., GR., etc.)

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

NOTICE OF INTENTION TO:

TEMP. WATER SHUT OFF

FRAC. TREATMENT

SHOOTING OR ACIDIZING

DETAILED WELL

OTHER:

PLUG OR ALTER CASING

MULTIPLE COMPLETION

ABANDONMENT

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT OFF

FRAC. TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT

Temporary Abandonment X

(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.)

The following wells have been temporarily abandoned since June 1985. We request a one year extension of this status due to uneconomic conditions. All wells passed the N.M.O.C.D. annular casing survey tests.

Tract I	Well #	Unit
	5	N
	6	L
	7	M
	10	N
	12	C
	13	M
	14	K

Tract III	Well #	Unit
	6 ✓	O

18 I hereby certify that the foregoing is true and correct

SIGNED: *Neil Reynolds*

TITLE: Operations Manager

DATE: 10/13/86

(Use space for Federal or State office use)

APPROVED BY:

CONDITIONS OF APPROVAL, IF ANY:

TITLE:

APPROVED FOR 1 MONTH PERIOD
ENDING NOV 4 1987
See Instructions on Reverse Side

This is to certify that the foregoing is true and correct for any person knowingly and willfully to make any false, fictitious, or fraudulent statements or representations as to any matter within his jurisdiction.