

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
NM Oil Cons. Comm. 101
Drawer DD

SUBMIT IN TRIPLICATE
(Other Instructions on Form 1600-5)

Expires August 31, 1985 *C/S*

1. LEASE DESIGNATION AND SERIAL NO.

LC-069820-A

2. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELL 98210

(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.)

3. NAME OF OPERATOR
McClellan Oil Corporation

7. UNIT AGREEMENT NAME

Sulimar Queen Unit

8. FARM OR LEASE NAME

Tracts 1 & 3

9. WELL NO.

See below #10

10. FIELD AND POOL 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

4. ADDRESS OF OPERATOR

P.O. Drawer 730, Roswell, NM 88202

5. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface

14. PERMIT NO.

15. ELEVATIONS (Show whether ft., m., gr., etc.)

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

NOTICE OF INTENTION TO

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRAC TREAT

MULTIPLE COMPLET

FRAC TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON*

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR WELL

CHANGE PLANS

(Other)

Temporary Abandonment

X

(Note: Report results of multiple completion on Well Completion or Reconpletion 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

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED FOR 12 MONTH PERIOD
ENDING NOV 4 1987
See Instructions on Reverse Side