

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

McCLELLAN OIL CORPORATION

3. Address and Telephone No.

P O Drawer 730, Roswell, NM 88202-0730 505-622-3200

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

2065' FSL & 1980' FWL of Sec.13-T15S-R29E

5. Lease Designation and Serial No.

NMLC-069280-A

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Lisa "A" Fed. No. 1-Y

9. API Well No.

30-005-60335

10. Field and Pool, or Exploratory Area

Sulimar San Andres

11. County or Parish, State

Chaves, NM

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☒ Notice of Intent
☐ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☒ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☐ Other
☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)*

McClellan Oil Corporation is proposing to plug and abandon the Lisa "A" Federal No. 1-Y.
A plugging proposal will be submitted for your approval within 30 days.

RECEIVED

JUN 20 1995

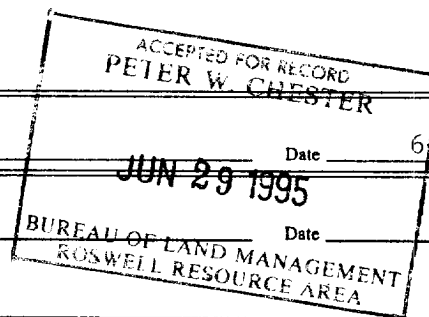
OIL CON. DIV.
DIST. 2

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

Signed Mark McClellan Title President

(This space for Federal or State office use)

Approved by _____ Title _____
Conditions of approval, if any:



Date 6-26-95

Date