

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN THE MANNER INDICATED*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 0493370

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Dos Papalotes Unit

8. FARM OR LEASE NAME

Dos Papalotes Unit

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Wildcat

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

7-15S-29E

12. COUNTY OR PARISH

Chaves

13. STATE

N. M.

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

McClellan Oil Corporation

3. ADDRESS OF OPERATOR

P. O. Box 848, Roswell, New Mexico 88201

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

1980' FNL & 660' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, CR, etc.)

3737.2' GR

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other) ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) ☐

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☐

Change Well Name ☒

(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.)*

This test was staked and commenced as the Copper Federal No. 1.

This acreage is included in our Dos Papalotes Unit which has been

approved and assigned No. 14-08-0001-14270, effective November 20,

1975. The well name is being changed to the Dos Papalotes Unit No. 1.

U.S. GEOLOGICAL SURVEY
ALBUQUERQUE, NEW MEXICO

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

SIGNED

Lois Taylor

TITLE

Office Manager

DATE

11/24/75

(This space for Federal or State office use)

APPROVED BY

John Kraus

TITLE

MANAGER

DATE

NOV 24 1975

CONDITIONS OF APPROVAL, IF ANY: