

Form 9-331
(May 1963)UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-069280-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.)

1.

OIL WELL ☒ GAS WELL ☐ OTHER

2. NAME OF OPERATOR

McClellan Oil Corporation✓

3. ADDRESS OF OPERATOR

P. O. Drawer 730, 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

1370 FWL & 2615 FSL

14. PERMIT NO.

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

3959.8 GL

9. WELL NO.

Tract 1-11

10. FIELD AND POOL, OR WILDCAT

Sulimar Queen Unit

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

Sec. 24-T15S-R29E

12. COUNTY OR PARISH 13. STATE

Chaves

New Mexico

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*

(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.)*

Propose to convert oil well to water injection well as per Unit Agreement of
Sulimar Queen Unit Water Flood.Will utilize packer set at approximately 1895'. Tubing will be lined and annulus
between tubing and casing will be filled with anti-corrosive fluid. Pressure gauge
will be on casing tubing annulus to check for packer leaks.

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

SIGNED

TITLE Operator

DATE 7/11/80

(This space for Federal or State office use)

APPROVED BY (S. Sgd.) PETER W. CHESTER
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE JUL 14 1980