	- N.I.I.:	O.C.D. COPY	
Form 9-231 (May 1263)	UNITED STATES DEPARTMENT OF THE IN GEOLOGICAL SURVE	SUBMIT IN TRIPLICA (Other instructions or Verse side)	5. LEASE DESIGNATION AND SERIAL NO. LC-069280-A
	ORY NOTICES AND REPOR		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
1. OIL GAS WELL WELL [2. NAME OF OPERATOR	OTHER Water Injection	· · · · · · · · · · · · · · · · · · ·	7. UNIT AGREEMENT NAME Sultimate Queen Unit 8. FARM OR LEASE NAME
McClellan Oil 3. ADDRESS OF OPERATOR	Corporation 🗸	- s	Julinan Quer Init Sail
Post Office Dr	rawer 730, Roswell, New Me port location clearly and in accordance with w.)	EXICO 88201 th any State requirements.*	9. WELL NO. TEACTING 10. FIELD AND POOL, OR WILDCAT SUI imar Queen UIII 11. SEC., T., E., M., OR BLK. AND SUPPY OR AREA
	1370' FWL & 2615' FSL		Sec. 24-T15S-R29E
14. PERMIT NO.	15. ELEVATIONS (Show whe 3958.8 G.L.	ther DF, RT, GR, etc.)	12. COUNTY OF PARISH 13. STATE Chaves NM
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data			or Other Data
	DTICE OF INTENTION TO:	\$U)	BSEQUENT REPORT OF:
TEST WATER SHUT-OF FRACTURE TREAT	F PULL OR ALTER CASING MULTIPLE COMPLETE	WATER SHUT-OFF FRACTURE TREATMENT	REPAIRING WELL
SHOOT OR ACIDIZE	ABANDON*	SHOOTING OR ACIDIZING	
REPAIR WELL (Other)	CHANGE FLANS	(Other) LONVERS (NOTE: Report re Completion or Per	ion to wtr. injection X sults of multiple completion on Well completion Report and Log form.)
has be has be left c	ell has been converted to en run and the Baker Mode en filled with inert flui pen to determine any leak r checks are being made t	el R packer set at 194 d and the casing tubin age in the casing, tub	3'. The annulus ng annulus has been ping or packer.
		RECEIVE	RECEIVED D 007 6 1 moo
		OCT 1 4 1980	061 91 1980
			4 mm
\bigcirc		U.S. GEULUGICAL SUR ARTESIA, NEW MEXIC	VEY
18. I hereby certify that the SIGNED	he foregoing is true and correct <u>J. W. Coolor</u> TITLE	Operator Acces	20 10P RATE 10/10/80
(This space for Feder APPROVED D CONDITIONS OF API	TITLE		10 10 1980 10
	*Saa lastru	U.S. G.	REFERENCES INTY VEL, REVIETSF

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See Instructions on Reverse Side