

UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

NM OIL CONS. COMMISSION

Drawer DD

Artesia, NM 88210
SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> WIW		RECEIVED BY AUG 02 1985 O. C. D. ARTESIA, OFFICE	5. LEASE DESIGNATION AND SERIAL NO. LC-069280-A	
2. NAME OF OPERATOR McClellan Oil Corporation			6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. Drawer 730, Roswell, NM 88202			7. UNIT AGREEMENT NAME Sulimar Queen Unit	
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			8. FARM OR LEASE NAME Tract I	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3958.8' G.L.		9. WELL NO. 11
				10. FIELD AND POOL, OR WILDCAT Sulimar Queen
				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 24-T15S-R29E
				12. COUNTY OR PARISH Chaves
				13. STATE NM

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input checked="" type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input checked="" type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>

(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 pull tubing and plug and abandon as per following:

1. Set 25 sx plug from 1850' - 1978' inside 5-1/2" casing.
2. Set 25 sx plug from 337' - 437' inside 5-1/2" casing across 10-3/4" casing shoe.
3. Set 15 sx plug at surface.

Request approval for unlined disposal pit to back flow well into.

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

SIGNED Paul Ragsdale TITLE Operations Manager DATE 7/26/85

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY: SUBJECT TO LIKE
APPROVAL BY STATE

*See Instructions on Reverse Side

APPROVED
DATE 7/26/85
PETER W. CHESTER
JUL 31 1985
BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA