

Form 100-1
(November 1985)
(Previously 9-13-1)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
NM Oil Cons. Comm. 10n
Drawer DD

SUBMIT IN TRIPPLICATE
(Other Instructions on Form 100-1)

Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

LC-069820-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS TO THE WELL

Use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT" for such proposals.

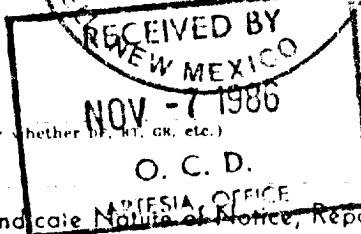
1. NAME OF OPERATOR
McClellan Oil Corporation

2. ADDRESS OF OPERATOR
P.O. Drawer 730, Roswell, NM 88202

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

4. PERMIT NO.
810/H 1490/W

5. ELEVATIONS (Show whether in ft., m., etc.)



7. UNIT AGREEMENT NAME

Sulimar Queen Unit

8. FARM OR LEASE NAME

Tracts 1 & 2

9. WELL NO.

See below #12

10. FIELD AND POOL OR WILDCAT

Sulimar Queen

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

Sec. 24-T15S-R29E

12. COUNTY OR PARISH 13. STATE

Chaves NM

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT OFF

PULL OR ALTER CASING

WATER SHUT OFF

REPAIRING WELL

FRAC TREATMENT

MULTIPLE COMPLETION

FRAC TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON

SHOOTING OR ACIDIZING

ABANDONMENT

REPAIR WELL

CHANGE PLANS

(Other)

Temporary Abandonment

X

(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 and 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.)

The following wells have been temporarily abandoned since June 1985. We request a one year extension of this status due to uneconomic conditions. All wells passed the N.M.O.C.D. annular casing survey tests.

Tract I	Well #	Unit
	5	N
	6	L
	7	M
	10	N
	12	C
	13	M
	14	K
Tract III	6	O

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

SIGNED: Paul Reynolds

TITLE: Operations Manager

DATE: 10/13/86

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE:

APPROVED FOR 12 MONTH PERIOD
ENDING NOV 4 1987
See Instructions on Reverse Side

BUREAU OF LAND MANAGEMENT
ROSOWELL RESOURCE AREA

This is to certify that the undersigned, makes it a crime for any person knowingly and willfully to make any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.