NMC COPY SUBMIT IN TRIPL. ATE* (Other instructions on re-UNILED STATES Budget Bureau No. 42-R1424. Form 9-331 (May 1963) DEPARTMENT OF THE INTERIOR (Other Interior Verse side) 5. LEASE DESIGNATION AND SERIAL NO. NM-069280 GEOLOGICAL SURVEY 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.) 7. UNIT AGREEMENT NAME RECEIVED ī. WELL X GAS WELL Sulimar Queen Unit OTHER 8. FARM OR LEASE NAME NAME OF OPERATOR AUG 15 1977 McClellan Oil Corporation 9. WELL NO. 3. ADDRESS OF OPERATOR 13 P. O. Box 848, Roswell, N. M. 88201 LOCATION OF WELL (Report location clearly and in accordance with any State requirements of the See also space 17 below.) At surface 10. FIELD AND POOL, OR WILDCAT Sulimar Queen 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 990' FSL & 150' FWL Sec. 24-T15S-R29E 12. COUNTY OR PARISH | 13. STATE 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 14. PERMIT NO. 3926 G.L. Chaves Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data 16. SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: REPAIRING WELL WATER SHUT-OFF PHILL OR ALTER CASING TEST WATER SHUT-OFF ALTERING CASING FRACTURE TREATMENT MULTIPLE COMPLETE FRACTURE TREAT ABANDONMENT* SHOOTING OR ACIDIZING ABANDON* SHOOT OR ACIDIZE

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.)*

(Other) setting oil

7/20/77: Drilled to a T. D. of 1970'. Ran $5\frac{1}{2}$ ", J-55, $15\frac{1}{2}$ # used casing to 1970'. Cemented w/150 sx. Waiting on cement.

CHANGE PLANS

REPAIR WELL

(Other)

RECEIVED

AUG 2 1977

U.S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

string of casi

18. I hereby certify that the foregoing is true and correct SIGNED TITLE	Operator	DATE _	August 1, 1977
(This space for Federal or State office use) A PROVED BY A CONDITIONS OF APPROVAL, IF, ANY:		DATE _	
12 1011	n Cil		

*See Instructions on Reverse Side