

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on re-
verse 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"/> Water Injection		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 Post Office Drawer 730, Roswell, New Mexico 88201		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 990' FSL & 150' FWL		8. FARM OR LEASE NAME Sulimar Queen Unit	
14. PERMIT NO.		9. WELL NO. Tract 1-13	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3926 G.L.		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 Chaves	
		13. STATE NM	

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) Conversion to water injection <input checked="" 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.)*

This well has been converted to an injection well. Plastic lined tubing has been run and the Baker Model R packer set at 1909'. The annulus has been filled with inert fluid and the casing tubing annulus has been left open to determine any leakage in the casing, tubing or packer. Regular checks are being made to ascertain any leakage.

RECEIVED

OCT 14 1980

U.S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

Posted
ID 3
OCT 31 1980
O. C. D.
ARTESIA, OFFICE
10-7-80

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

SIGNED

TITLE

Operator

DATE

10/10/80

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

OCT 20 1980

U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO

*See Instructions on Reverse Side