

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

Expires August 31, 1985 *C/S*
5. LEASE DESIGNATION AND SERIAL NO.
LC-069820-A
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS - **WELLS** 98210

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. WELL TYPE: ☐ GAS ☐ OIL ☐ OTHER Waterflood

2. NAME OF OPERATOR

McClellan Oil Corporation

3. ADDRESS OF OPERATOR

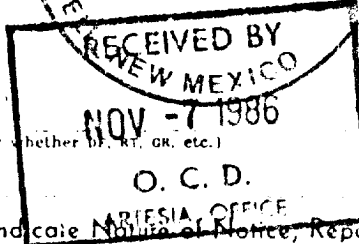
P.O. Drawer 730, Roswell, NM 88202

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

See Below 1345/S 1450/W

14. PERMIT NO.

15. ELEVATIONS (Show whether D., RT, GR, etc.)



7. UNIT AGREEMENT NAME

Sulimar Queen Unit

8. FARM OR LEASE NAME

Tracts 1 ~~2~~

9. WELL NO.

See below #14

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 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 TREAT	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 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.) *

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	0

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