Artesia, NM 88210

Form Approved. Budget Bureau No. 42-R1424

UNITE	D 9	STATE	S
FPARTMENT	OF	THE	INTE

ERIOR GEOLOGICAL SURVEY

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	NM-	1	o	J	J	o	
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6. IF INDIAN, ALLOTTEE OR TRIBE NAME

McClellan - Harris Federal

SUNDRY NOTICES AND REPORTS ON WELL	S	1
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(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)

1.	oil well		gas well		other	FEB 01 1983
	NAM	E OF	OPERA	TOR		O. C. D.
	McC	<u>lella</u>	<u>ın 0 i</u>	1 Co	rporati	On ARTESIA, OFFICE ///
3.	ADDI	RESS (OF OPE	RATO	R	
	P.0	. Dra	wer	730,	Roswel	1. NM 88202
4.	LOC	ATION	OF WE	LL (RE	PORT LOC	CATION CLEARLY. See space 1
	helov	w.)				10' FWL

9. WELL NO. 10. FIELD OR WILDCAT NAME 5 Lucky Lake - Gulan

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

11. SEC., T., R., M., OR BLK. AND SURVEY OR **AREA** Sec. 21-T15S-R29E

12. COUNTY OR PARISH 13. STATE NM Chaves 14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD) 3823.3 G.L.

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

SUBSEQUENT REPORT OF: REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE **CHANGE ZONES** ABANDON* Casing & Cement (other)

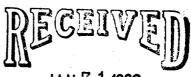
AT TOP PROD. INTERVAL:

AT TOTAL DEPTH:

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)*

Drilled to 1805'. Ran 1805' of $4-\frac{1}{2}$ " 9.5 lb/ft new casing. 1-15-83: Cemented with 150 sx Class "C", 50-50 Poz with 2% gel, .3% CFR-2, 6 lb/sk salt, .4% Halad-4. Release rig. Temperature survey; TD - 1802'. TOC - 1100'.



JAN 3 1 1983

OHL & CAS MINERALS MODIT. SERVICE ROSWELL, NEWS MEXICO

Ft.

Subsurface Safety Valve: Manu. and Type _

18. I hereby certify that the foregoing is true and correct _ TITLE Operations ManagerDATE _ SIGNED /

ACCEPTED FOR RECORD (This space for Federal or State office use)

(ORIG. SGD.) DAVID R. GLASS APPROVED B'

CONDITIONS OF APPROYANIF ANY: 1983

MINERALS MANAGEMENT SERVICE ROSWELL, NEW MEXICO

ee Instructions on Reverse Side