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Artesia, NM 88210
SEP 27 1995
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BUREAU OF LAND MANAGEMENT
NEW MEXICO

Form 3160-5
(June 1990)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. NM-16336
2. Name of Operator McCLELLAN OIL CORPORATION	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. P O DRAWER 730, ROSWELL, NM 88202-0730 (505) 622-3200	7. If Unit or CA, Agreement Designation COM. NO. NMNM-72612
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 330' FNL & 2310' FWL of Sec. 21-T15S-R29E	8. Well Name and No. HARRIS FED. COM. NO. 1
	9. API Well No. 30-005-61902
	10. Field and Pool, or Exploratory Area SE CHAVES QUEEN GAS
	11. County or Parish, State CHAVES, NEW MEXICO

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA		
TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other <u>Test Well</u>	<input type="checkbox"/> Dispose Water
		(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)*

McClellan Oil Corporation requests approval for shut-in status on the Harris Federal Com. No. 1 well for a 2 (two) year period commencing October 1, 1995.

The following tests were performed and witnessed by Stan Mayo of the Bureau of Land Management on 9/21/95:

- 1) Bradenhead test: No flow was indicated
- 2) Fluid level Sonic Test: No fluid or holes in the production casing were indicated.

RECEIVED

OCT 1 8 1995

OIL CON. DIV.
DIST. 2

14. I hereby certify that the foregoing is true and correct		
Signed <u>Mark McClellan</u>	Title <u>President</u>	Date <u>9/26/95</u>
(This space for Federal or State office use)		
Approved by <u>APPROVED FOR 24 MONTH PERIOD</u> Conditions of approval, if any: <u>ENDING 10/1/97</u>		

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.