5. LEASE

NM-23492

Form 9-331 Dec. 1973

Artesia, NH 83210

Form Approved. Budget Bureau No. 42-R1424

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

6. IF INDIAN, ALLOTTEE OR TE	RIBE NAME
7. UNIT AGREEMENT NAME	RECEIVED BY
8. FARM OF LEASE NAME Gragg(Federal "B	OCT 05 1983
9. WELL NO. 1	O. C. D. ARTESIA, OFFICE
10. FIELD OR WILDCAT NAME	

	NOTICES AND form for proposals to drill m 9-331-C for such propo	REPORTS ON WE or to deepen or plug back to a	LLS different	. UNIT AGREEMENT NAME	RECEIVE	
1. oil well X	gas other			GraggyFederal "B	OCT 051	
2. NAME OF	OPERATOR		9	WELL NO.	O. C. [
McClell	an Oil Corporat	tion	10	FIELD OD WILL DO THE	ARTESIA, OF	
3. ADDRESS	of operator awer 730, Roswe			Wildcat Wolfen	nip	
4. LOCATION below.)	OF WELL (REPORT L	OCATION CLEARLY. See spa	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA			
AT SURFACE: 2020 FNL & 1880 FF				Sec. 27-T15S-R19E		
AT TOP PROD. INTERVAL:			12.	12. COUNTY OR PARISH 13. STATE		
AT TOTAL DEPTH:				Chaves		
16. CHECK AP REPORT, O	PROPRIATE BOX TO	INDICATE NATURE OF NO	OTICE,	API NO.		
			15.	ELEVATIONS (SHOW DE, I	(DB, AND WD)	
REQUEST FOR	APPROVAL TO:	SUBSEQUENT REPORT (5018' G.L.	<u></u>	
TEST WATER S FRACTURE TRE	HUT-OFF				3 2 0	
SHOOT OR ACI	AI []			-	B 6	
REPAIR WELL	i			O	<u> </u>	
PULL OR ALTE	R CASING 🗍	H	(N	OTE: Report results of multiple co	mpletion or zone	
MULTIPLE COM CHANGE ZONES	PLETE [change on Form 9-330.)		
ABANDON*	'				m	
(other)	<u> </u>	Ц		<u>Un</u>	ं 57 F	
including es measured at 7-14-83:	Rig up Pullin	or all markers and zones pe	ertinent to th	pertinent details, and give propertinent details, and give properties work.)* 0,21,26,27. Acidiz Set CIBP at 3060	locations and	
7-15-83:	Perf 2668.70	72 74 76 94 95 96	or or or	Set CIBP at 3060' Acidized with 15 abbed dry. Set CIB		
7-19-83:	gals. 10% Spea	2,04,06,26,28,30,32 arhead and N ₂ . Swa	2,34,36,3 abbed dry	38. Acidized with / Set CIBP at 1450	1500	
7-21-83:	Perfed 1353,54 Spearhead and	N ₂ . Swabbed dry.	3. Acidi Prep to	zed with 1500 gals P.T.A.	. 7½%	
Subsurface Safety	Valve: Manu. and Type	9			adora Antonio	
18. I hereby certif	y that the foregoing is	true and correct			Ft.	
SIGNED Yau	L'Kagbale	TITLE Operations	Managen	DATE7-27-83		
	7	(This space for Federal or Sta	te office use)			
APPROVED BY CONDITIONS OF API	PROVAL IF AND	TITLE		DATE		
ONG OF API	HOVAL, IF ANY:	***************************************		ACCEPTED	FOR RECORD	

AUG 3 0 1983