

c/ST

Form 9-330
(Rev. 5-63)

MAY 1 1985

O. C. D.

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN L I C A T E *

(See other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R355.5.

ARTESIA OFFICE

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL WELL ☐ GAS WELL ☐ DRY ☒ Other _____

b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESRV. ☐ Other _____

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)*
At surface 660 FSL & 660 FEL

At top prod. interval reported below

At total depth

14. PERMIT NO.

DATE ISSUED

12. COUNTY OR PARISH
Chaves

13. STATE
NM

15. DATE SPUDDED 1-23-85 16. DATE T.D. REACHED 2-15-85 17. DATE COMPL. (Ready to prod.) N/A 18. ELEVATIONS (OF, RKB, RT, GR, ETC.) * 3883' G. L. 19. ELEV. CASINGHEAD 3883'

20. TOTAL DEPTH, MD & TVD 2085' 21. PLUG BACK T.D., MD & TVD N/A 22. IF MULTIPLE COMPL., HOW MANY* 23. INTERVALS DRILLED BY → 24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* N/A 25. WAS DIRECTIONAL SURVEY MADE No

26. TYPE ELECTRIC AND OTHER LOGS RUN

None

27. WAS WELL CORED

No

28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8-5/8"	20	456'	10"	250 SX	None
		2085'	8"		

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)
N/A		

31. PERFORATION RECORD (Interval, size and number)

N/A

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

ACCEPTED FOR RECORD
PETER W. CHESTER

APR 29 1985

AMOUNT AND KIND OF MATERIAL USED

BEST 10' 2"
5-5-85
PWA

33. PRODUCTION

DATE FIRST PRODUCTION N/A PRODUCTION METHOD BUREAU OF LAND MANAGEMENT

ROSWELL RESOURCE AREA

DATE OF TEST HOURS TESTED CHOKE SIZE PROD'N. FOR TEST PERIOD OIL—BBL. GAS—MCF.

FLOW. TUBING PRESS. CASING PRESSURE CALCULATED 24-HOUR RATE OIL—BBL. GAS—MCF. WATER—BBL. OF GEL PER API (CORR.)

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

TEST WITNESSED BY

35. LIST OF ATTACHMENTS

N/A

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED

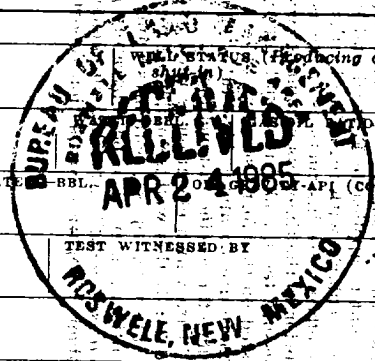
Paul F. Laplace

TITLE

Operations Manager

DATE 4-22-85

*(See Instructions and Spaces for Additional Data on Reverse Side)



INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 38, below regarding separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 18: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments. **Items 22 and 24:** If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 29: "Sacks Cement": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

Item 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

37. SUMMARY OF POROUS ZONES:				38. GEOLOGIC MARKERS	
SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF: CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES				NAME	MEAS. DEPTH
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.		
				Yates	1334'
				7-Rivers	1895'
				Queen	2080'