

Form 3160-5
(November 1983)
(Formerly 9-331)

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

Form approved.
Budget Bureau No. 1004-1-1
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM-23540

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Mark Fed.

9. WELL NO.

1

10. FIELD AND POOL, OR OTHER
Double L South

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 25-T15S-R29E

12. COUNTY OR PARISH 13. STATE

Chaves

NM

1. OIL WELL ☐ GAS WELL ☐ OTHER P & A

2. NAME OF OPERATOR

McClellan Oil Corporation

3. ADDRESS OF OPERATOR

P.O. Drawer 730, Roswell, N.M. 88202

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

660 FSL & 660 FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, CR, etc.)

3883' G.L.

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.)

Pursuant to your request, the surface reclamation is complete and to our knowledge has been inspected (per your notice of April 29, 1985).

18. I hereby certify that the foregoing is true and correct

SIGNED

TITLE Operations Manager

DATE 10/9/87

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side