

C/SF

RECEIVED BY  
MAR 11 1985  
O. C. SUNDY  
ARTESIA, OFFICE

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE\*  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R1424.

O. C. SUNDY NOTICES AND REPORTS ON WELLS  
(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.  
ARTESIA, OFFICE APPLICATION FOR PERMIT—" for such proposals.)

1. OIL <input type="checkbox"/> GAS <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	
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.* See also space 17 below.) At surface  660' FSL & 660' FEL	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5099' G. L.
5. LEASE DESIGNATION AND SERIAL NO. NM-23491	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME Flying "H" Unit	
8. FARM OR LEASE NAME Flying "H" Unit Tr. 3	
9. WELL NO. Tract 3-1	
10. FIELD AND POOL, OR WILDCAT Wildcat - Also	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 14-T15S-R19E	
12. COUNTY OR PARISH Chaves	13. STATE NM

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Name change</u>	

(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.)

To change the well name from the Flying "H" Ranch Unit Tract 3-1  
to the Flying "H" Unit Tract 3-1.

Post ID-3  
3-15-86  
Chg. Well Name

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

SIGNED Mark McClellan TITLE Operations Manager DATE 2-27-85

(This space for Federal or State office use)

APPROVED BY RENE W. CHESTER TITLE \_\_\_\_\_ DATE \_\_\_\_\_

MAR 7 1985

BUREAU OF LAND MANAGEMENT  
ROSWELL RESOURCE AREA

\*See Instructions on Reverse Side