

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

COMMISSION  
Artesia, NM 88010  
SUBMIT IN TRIPLICATE  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R1424.

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to ~~reopen~~ <sup>reopen</sup> an old well to a different reservoir.  
Use "APPLICATION FOR PERMIT" for new wells.)

<p>1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/></p> <p>2. NAME OF OPERATOR McClellan Oil Corporation ✓</p> <p>3. ADDRESS OF OPERATOR P.O. Drawer 730, Roswell, NM 88202</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  660' FSL &amp; 660' FEL</p>		<p>5. LEASE DESIGNATION AND SERIAL NO. NM-23491</p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME Flying H Unit</p> <p>8. FARM OR LEASE NAME Flying "H" Unit Tr. 2</p> <p>9. WELL NO. Tract 3-1</p> <p>10. FIELD AND POOL, OR WILDCAT Wildcat - <i>Alto</i></p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 14-T15S-R19E</p>	
<p>14. PERMIT NO.</p>		<p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5099' G.L.</p>	
<p>12. COUNTY OR PARISH Chaves</p>		<p>13. STATE NM</p>	

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 checked="" 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) <input type="checkbox"/>	

(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.)\*

3/21/85: Propose to attempt completion in the four zones of porosity from 4563' - 4631' by perforating and acidizing each zone individually and then fracturing, if needed. Completion should take approximately one month.

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

SIGNED Paul Kephale

TITLE Operations Manager

DATE 3/21/85

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

APPROVED  
PETER W. CHESTER  
DATE

APR 9 1985

\*See Instructions on Reverse Side

BUREAU OF LAND MANAGEMENT  
ROSWell RESOURCE AREA