

NM OIL CONS. COMMISSION
Drawer DB
Artesia, NM 88210

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse 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 deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

| | |
|--|---|
| 1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Dry Hole | 7. UNIT AGREEMENT NAME |
| 2. NAME OF OPERATOR McClellan Oil Corporation | 8. FARM OR LEASE NAME Clarkyle Fed. |
| 3. ADDRESS OF OPERATOR P.O. Drawer 730, Roswell, NM 88202 | 9. WELL NO. 1 |
| 4. LOCATION OF WELL (Report location clearly and in accordance with Survey Regulations. See also space 17 below.) At surface 660' FNL & 1980' FEL | 10. FIELD AND POOL, OR WILDCAT Wildcat - SA |
| 14. PERMIT NO. 3921' G.L. | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 23-T15S-R29E |
| 15. EXPLANATION (Show whether Dr., or other well, NEW MEXICO) | 12. COUNTY OR PARISH Chaves |
| | 13. STATE NM |

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

NOTICE OF INTENTION TO:

| | | | |
|---------------------|--------------------------|----------------------|-------------------------------------|
| TEST WATER SHUT-OFF | <input type="checkbox"/> | FULL OR ALTER CASING | <input type="checkbox"/> |
| FRACTURE TREAT | <input type="checkbox"/> | MULTIPLE COMPLETE | <input type="checkbox"/> |
| RIIOOT OR ACIDIZE | <input type="checkbox"/> | ABANDON* | <input checked="" type="checkbox"/> |
| REPAIR WELL | <input type="checkbox"/> | CHANGE PLANS | <input type="checkbox"/> |
| (Other) | <input type="checkbox"/> | | |

SUBSEQUENT REPORT OF:

| | | | |
|-----------------------|--------------------------|-----------------|--------------------------|
| WATER SHUT-OFF | <input type="checkbox"/> | REPAIRING WELL | <input type="checkbox"/> |
| FRACTURE TREATMENT | <input type="checkbox"/> | ALTERING CASING | <input type="checkbox"/> |
| SHOOTING OR ACIDIZING | <input type="checkbox"/> | ABANDONMENT* | <input type="checkbox"/> |
| (Other) | <input type="checkbox"/> | | |

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.)

Propose to plug and abandon as follows:

Well Data: 8-5/8" casing at 408'
4-1/2" casing at 3800'

Perfs: 1909'-1913', Queen - swabbed tested water. 3239'-3244'; 3391'-3489'; 3596'-3604'; 3670'-3688', San Andres perfs tested oil and water. CIBP at 3550'.

Tops: Yates 1176'
7 Rivers 1712'
Queen 1904'
Premier 2532'
San Andres 2572'
T.D. 3800'

Ran 2-3/8" tubing to 3500' and load hole with drilling mud. Set 35 sx Class C plug from 3000' to 3500'. (Theoretical fill-515' across San Andres.) Pull tubing to 1950' and set 25 sx plug across Queen (368' fill). Pull tubing to 500'. Set 25 sx plug from 300 to 500'. * Pull all tubing and set 10 sx surface plug. All plugs will be set inside 4-1/2" casing and no casing will be pulled. Location will be cleaned and levelled.

* This plug will also be place in the 4 1/2" annulus.
Tag plug.

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

SIGNED Karl Kaysdale

TITLE Operations Manager

DATE 12/19/85

(This space for Federal or State office use)

APPROVED BY PETER W. CHESTER

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

DEC 31 1985

BUREAU OF LAND MANAGEMENT
See Instructions on Reverse Side

Post ID-2
1-24-86
P+A