

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NM Oil Cons. Commission

Drawer DD

Artesia NM 88210
SUBMIT IN TRIPLICATE*
(Other than on reverse side)

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

5. LEASE DESIGNATION AND SERIAL NO.

NM-30631

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Mo. Fed.

9. WELL NO.

10. FIELD AND POOL, OR WILDCAT

Round Tank Queen

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

Sec. 19-T15S-R29E

12. COUNTY OR PARISH 13. STATE

Chaves

NM

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 purposes.)

1. OIL WELL ☒ GAS WELL ☐ 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 requirements.
See also space 17 below.)
At surface

990' FNL & 990' FEL

14. PERMIT NO.

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

3743' GR

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other)

(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.)*

7/27/87: Moved in United Drilling Rig #1. Set 20' of 14" conductor pipe. Prep to spud with 12 1/4" bit.

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

SIGNED

Paul Ragsdale

TITLE Operations Manager

DATE 7/37/87

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE RECEIVED FOR RECORD
PETER W. CHESTER

*See Instructions on Reverse Side

JUL 30 1987