

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
Artesia, NM 88210

NM Oil Conservation Commission  
(Other Instructions on Reverse Side)

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

45F

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		RECEIVED		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR McClellan Oil Corporation		JUL 26 '88		8. FARM OR LEASE NAME Shell 15 Federal	
3. ADDRESS OF OPERATOR P.O. Drawer 730, Roswell, NM 88202		JUL 26 '88		9. WELL NO.	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' FNL & 1650' FWL		ARTESIA, OFFICE		10. FIELD AND POOL, OR WILDCAT UNP 2 Lucky Lake Queen	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3897' G.L.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 15-T15S-R29E	
				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) Spud & set casing	(Other) <input checked="" 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.) \*

7/7/88: Spudded with Roy Collins cable tool rig at 2:00 pm.

7/16/88: Ran 276' of 8-5/8" casing. Cemented with 160 sx Class "C", 2% CaCl. Circulated 25 sx. Plug down at 11:00 am.

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

SIGNED Paul Ragudale TITLE Operations Manager

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_

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

DATE 7/19/88  
ACCEPTED FOR RECORD  
PETER W. CHESTER  
DATE  
JUL 22 1988  
BUREAU OF LAND MANAGEMENT  
ROSWELL RESOURCE AREA

\*See Instructions on Reverse Side