

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NM Oil CORP. Form 3160-5
Drawer DD

SUBMIT IN TRIPLICATE*
No other instructions on re-
verse side)

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

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 MAY - 8 1991 O. C. D. ARTESIA, OFFICE		5. LEASE DESIGNATION AND SERIAL NO. NM- 54400	
2. NAME OF OPERATOR McClellan Oil Corporation		505-622-3200		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. Drawer 730 Roswell, NM 88202				7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 330' FSL & 660' FWL				8. FARM OR LEASE NAME Shell 15 Federal	
				9. WELL NO. #4	
				10. FIELD AND POOL, OR WILDCAT Lucky Lake Queen	
				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 10-T15S-R29E	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GN, etc.) 3902 GL		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:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETION	<input type="checkbox"/>
SHOOT 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"/>		

(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.) *

TD - 1875' TOC - 1200'
Perfs - 1841-1845' 5 1/2 14.0# Csg.
Tbg. - 2 3/8 Surface Pipe -313' Circulated

Purpose to P & A well as follows.

1. Set CIBP at 1800' & put 35' cmt on top.
2. Run tbg to 1750' & circulate hole w/gelled H2O.
3. 1st Plug 1000-800' 25 sx, 1310'-1200'
4. 2nd Plug 365-260' 35 sx Tag cmt. (put behind 5 1/2" casing)
5. 3rd Plug 60' to surface 15 sx

Install dry hole marker & prep to finalize location.

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

SIGNED Mitch Ree

TITLE Drlg. & Comp. Engineer

DATE 4-22-91

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

*See Instructions on Reverse Side

