

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NM Oil Cons. Commission
Drawer DD

Artesia NM 88210
Duplicate
(Other instructions on reverse side)

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

15F

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"/> Plug & Abandon		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 88202-0730		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	
14. PERMIT NO.		9. WELL NO. #4	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3902 GL		10. FIELD AND POOL, OR WILDCAT Lucky Lake Queen	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR ANNA Sec 10-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:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<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) P & A			

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 checked="" type="checkbox"/>
(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.)

5/20/91 Rig up unit. Pulled rods & tbg. Ran CIBP to 1800' & set. Put 35' cmt on top. Circulated hole w/heavy gel H₂O.

1st cmt. plug - 1310'-1210' 25 sx Pulled slips on 8 5/8 & 5 1/2 csg. Ran 1" tbg to 365'.

2nd plug - 365'-180' (Between 8 5/8 & 5 1/2) 35 sx Tagged at 180'

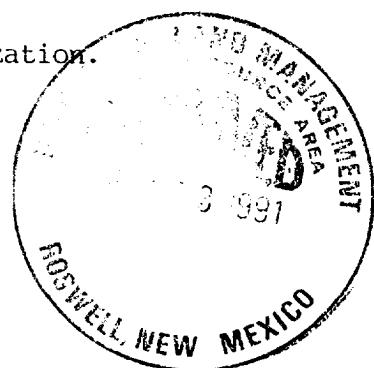
3rd plug - 60' to surface. 15 sx Ran 1" tbg to 365' inside 5 1/2".

4th plug - 365'-260' 25 sx Tagged at 160'.

5th plug - 60' to surface 10 sx circulated. No csg was pulled.

Installed Dry hole marker. No further report till finalization.

Post ID-2
6-14-91
P & A



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

SIGNED Michael Lee TITLE Drlg. & Comp. Engineer

DATE 5-22-91

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

DATE MAY 24 1991

*See Instructions on Reverse Side