Form 9-.31

UIVITED STATES SU DEPARTMENT OF THE INTERIOR ver

(Other instructions on re-

Copy a 1 F
Form approved.
Budget Bureau No. 42-R1424

Sity 10	DEPARTMENT OF THE INTERIOR (Other Instructions on re-	5. LEASE DESIGNATION AND SERIAL NO.
	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.)	6. IF INDIAN, ALLOTTÉE OR TRIBE NAME
OIL WEL	L GAS WELL X OTHER	7. UNIT AGREEMENT NAME
2. NAM	E OF OPERATOR MAY 2 1 1973	8. FARM OR LEASE NAME
	McClellan Oil Corporation	HINKLE FEDERAL
3, ADDI	BOX 848, ROSWELL, NEW MEXICO 83761A, OFFICE	9. WELL NO.
See	also space 17 below.) surface	10. FIELD AND POOL, OR WILDCAT
	660 FNL & 860 FEL	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
		SEC. 9, T16S, R29E
14. PER	MIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE
	3702 G. L.	EDDY NEW MEXIC

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF		PULL OR ALTER CASING		WATER SHUT-OFF		REPAIRING WELL	
FRACTURE TREAT		MULTIPLE COMPLETE		FRACTURE TREATMENT		ALTERING CASING	
SHOOT OR ACIDIZE		ABANDON*		SHOOTING OR ACIDIZING		ABANDONMENT*	
REPAIR WELL		CHANGE PLANS		(Other)	CASING		-L
(Other)				(Note: Report result Completion or Recom	ts of multiple pletion Report	completion on We and Log form.)	11

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.)*

ON 2/10/73, RAN 2430' of $4\frac{1}{2}$ " casing. Cemented with 150 sx.

MAY 181973

U. S. GEOLOGICAL SURVEY

ARTESIA. NEW MEXICO

18. I hereby certify that the foregoing is true and corre	PRESIDENT	DATE 3/10/73
(This space for Rederal) r State office use)	TITLE	DATE
CONDITIONS OF APPROVAL IF ANY:		•

*See Instructions on Reverse Side