

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRI
(Other instructio
verse side)

ATE*

Form approved.
Budget Bureau No. 42-R1424.

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. NM 14483	
2. NAME OF OPERATOR McCLELLAN OIL CORPORATION		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 848, Roswell, New Mexico 88201		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 660 FSL & 1980 FEL		8. FARM OR LEASE NAME JUNE 15 FEDERAL	
14. PERMIT NO.		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3699 G. L.		10. FIELD AND POOL, OR WILDCAT WILDCAT	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC. 4, T16S, R29E	
		12. COUNTY OR PARISH EDDY	
		13. STATE NEW MEXICO	

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)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other) RUN PRODUCTION CASING

(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.)*

8/21/73: RAN 5 1/2" J-55, USED CSG. @ 2320. CEMENTED W/200 SX.

DRILLED PLUG AND DRILLED DEEPER TO 2350'. NO SHOWS.

PLUGGED BACK TO 2320'.

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

SIGNED

TITLE

PRESIDENT

DATE

8/24/73

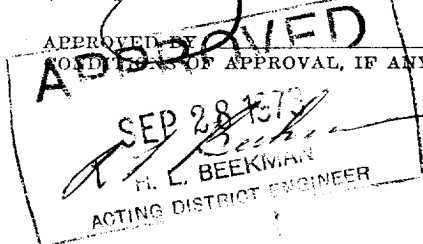
(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

FOR APPROVAL, IF ANY:



*See Instructions on Reverse Side