

N. M. O. C. C. COPY
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPlicate*
(Other instruct on reverse side)

Copy to 51-
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.)

RECEIVED	
1. <input checked="" type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	
2. NAME OF OPERATOR	OCT 1 1973
3. ADDRESS OF OPERATOR McCLELLAN OIL CORPORATION	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface P. O. Box 848, ROSWELL, NEW MEXICO 88201 ARTESIA OFFICE 660' FNL & 1740' FEL	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3697.7' GR

5. LEASE DESIGNATION AND SERIAL NO. NM-0443395
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME PAVO FEDERAL
9. WELL NO. 1
10. FIELD AND POOL, OR WILDCAT UNDESIGNATED
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC. 23, T-16-S, R-28-E
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:		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 checked="" 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) <input type="checkbox"/>	
(Other) <input type="checkbox"/>		(NOTE: Report results of multiple completion on Well Completion or Re-completion 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.)*

THIS TEST DID NOT ENCOUNTER ANY SURFACE WATER. IT IS ANTICIPATED THAT WATER WILL BE ENCOUNTERED IN THE QUEEN FORMATION, AT WHICH TIME 7" CSG WILL BE RUN. IF THE WELL IS DRY, WILL PULL 7", PLUG & ABANDON. IF PRODUCTION IS INDICATED, WILL RUN 5 1/2" AND CIRCULATE CEMENT.

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

SIGNED <u>James L. McClellan</u>	TITLE <u>PRESIDENT</u>	DATE <u>9/27/73</u>
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(This space for Federal or State office use)

APPROVED <u>[Signature]</u>	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side

RECEIVED
SEP 28 1973
U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

ADMITTED
SEP 28 1973
J. L. BEEKMAN
ACTING DISTRICT ENGINEER