MM D. C. G. Cor. Form approved. Budget Bureau No. 42-R1424. Form 9-331 (May 1963) UN ED STATES SUBMIT IN TRIP .TE* DEPARTMENT OF THE INTERIOR (Other instructions verse side) 5. LEASE DESIGNATION AND SERIAL NO. GEOLOGICAL SURVEY <u>NM 0443395</u> 6. IF INDIAN, ALLOTTEE OR TRIBE NAME 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.) 7. UNIT AGREEMENT NAME Dry hole OTHER NOV 2 7 1973 8. FARM OR LEASE NAME NAME OF OPERATOR Pavo Federal McClellan Oil Corporation WELL NO. 3. ADDRESS OF OPERATOR D. C. C. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) P. O. Box 848, Roswell, New Mexico 10. FIELD AND POOL, OR WILDCAT Wildcat 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 660 FNL & 1740 FEL Sec. 23, T16S, 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 13. STATE 14. PERMIT NO. Eddy <u>New Mexico</u> 3697.7 G. L. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data 16. SUBSCOUENT REPORT OF: NOTICE OF INTENTION TO: REPAIRING WELL WATER SHUT-OFF TEST WATER SHUT-OFF PULL OR ALTER CASING ALTERING CASING FRACTURE TREATMENT MULTIPLE COMPLETE FRACTURE TREAT ABANDONMENT* X SHOOTING OR ACIDIZING ABANDON* SHOOT OR ACIDIZE CHANGE PLANS REPAIR WELL (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (Other) 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.) * Propose to plug and abandon as follows: Fill hole w/mud, set cement plug over Queen formation (1330')set surface plug. NOVAL 1973
NOVAL 1973
NOVAL 1973

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

SIGNED TITLE Operator DATE 10/20/73

(This space for Federal or State office use)

APPROVED BY CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side