

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN THE INDICATE\*  
(Other instructions on reverse side)

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 <input type="checkbox"/>   |  | 5. LEASE DESIGNATION AND SERIAL NO.<br>NM 10276                       |  |
| 2. NAME OF OPERATOR<br>McClellan Oil Corporation   |  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME                                  |  |
| 3. ADDRESS OF OPERATOR<br>P. O. Box 848, Roswell, N M 88201  |  | 7. UNIT AGREEMENT NAME  |  |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br>At surface<br>660' FNL & 660' FWL |  | 8. FARM OR LEASE NAME<br>T O & G Federal A                            |  |
| 14. PERMIT NO.   |  | 9. WELL NO.<br>1  |  |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br>3709 GL  |  | 10. FIELD AND POOL, OR WILDCAT<br>Undesignated                        |  |
|  |  | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br>Sec. 10-T16S-R29E |  |
|  |  | 12. COUNTY OR PARISH<br>Eddy  |  |
|  |  | 13. STATE<br>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 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) <u>Change of well name</u> <input checked="" type="checkbox"/>                                |  |
| (Other) <input type="checkbox"/>             |   | (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.)\*

This is to request that the present name of this well be changed from  
McClellan Oil Corporation #1 T O & G Federal to McClellan Oil Corporation  
#1 Barbara "A" Federal.

RECEIVED  
JUN 29 1976  
U. S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICO

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

|                               |                       |                           |
|-------------------------------|-----------------------|---------------------------|
| SIGNED <u>J. L. McClellan</u> | TITLE <u>Operator</u> | DATE <u>June 28, 1976</u> |
|-------------------------------|-----------------------|---------------------------|

(This space for Federal or State office use)

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

JUN 29 1976  
U. S. GEOLOGICAL SURVEY  
ACTING DISTRICT ENGINEER

\*See Instructions on Reverse Side