

NMOCC COPY

copy to SF

Form 9-331
(May 1963)UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on re-
verse 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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		RECEIVED	
2. NAME OF OPERATOR McClellan Oil Corporation		JAN 19 1978	
3. ADDRESS OF OPERATOR P. O. Box 848, Roswell, N M 88201			
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 990' FNL & 660' FWL			
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3708.2'	

5. LEASE DESIGNATION AND SERIAL NO. NM 10276
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME Barbara "A" Federal
9. WELL NO. 3
10. FIELD AND POOL, OR WILDCAT Undesignated Grayburg
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 10-T16S-R29E
12. COUNTY OR PARISH Chaves
13. STATE N. M.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other) Cement surface casing	<input checked="" type="checkbox"/>		<input checked="" 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.)*

1/9/78: Reached a total depth of 365'. Ran 365' of 8-5/8"
20# casing. Cemented with 135 sx. Circulated cement.

RECEIVED
JAN 18 1978
U. S. GEOLOGICAL SURVEY
ARTESIA, N. M. MEXICO

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

SIGNED

John J. McClellan

TITLE

Operator

DATE

1/17/78

(This space for Federal or State office use)

APPROVED BY

Joe G. Lamm

TITLE

ACTING DISTRICT ENGINEER

DATE

JAN 18 1978

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side