

Form 3160-5
(November 1983)
(Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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 Plug and Abandon	5. LEASE DESIGNATION AND SERIAL NO. NM-0916
2. NAME OF OPERATOR McClellan Oil Corporation	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Drawer 730 Roswell, NM 88202	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 1850' FSL & 1850' FEL	8. FARM OR LEASE NAME Simmons Federal
14. PERMIT NO.	9. WELL NO. #5
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3697 GL	10. FIELD AND POOL, OR WILDCAT W. Henshaw Grayburg
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 23-T16S-R29E
	12. COUNTY OR PARISH Eddy
	13. STATE NM

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF	PULL OR ALTER CASING
FRACTURE TREAT	MULTIPLE COMPLETE
SHOOT OR ACIDIZE	ABANDON*
REPAIR WELL	CHANGE PLANS
(Other)	

WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREATMENT	ALTERING CASING
SHOOTING OR ACIDIZING	ABANDONMENT*
(Other)	

(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.)

10/7/91 1. Rigged up pulling unit and pulled tbq out of hole. Hole was displaced with 10# gal brine H2O. While pulling tbq the well attempted to kick. Well was brought under control. An undesirable event has been filed with this sundry.
Set CIBP at 2020' and 35' cmt dumped on top.
Shot 4½" csg off at 1884' and pulled out of hole. Attempted to pull 7' csg but could not remove it.
Ran tbq to 1934' and circulated hole w/heavy gel H2O. Mixed 35 sx cmt plug. Tagged TOC at 1864'. Set another 30 sx plug at 1864'. Pulled tbq out of hole SION.

10/8/91 2. Tagged top of cmt at 1362'.
Pulled tbq to 445'. Circulate hole w/150 sx class "C" cmt. Circulated 10 sx cmt.
Installed dry hole marker.
Prep to finalize and rehab well site.

Part ID-2
11-8-91
P & A

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

SIGNED Mitch Lee TITLE Drlg. & Comp. Engineer

DATE 10/11/91

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE 10/31/91

*See Instructions on Reverse Side

UNITED STATES DEPARTMENT OF THE INTERIOR
Bureau of Land Management
New Mexico State Office

REPORT OF UNDESIRABLE EVENT

DATE OF OCCURRENCE/DISCOVERY: 10-7-91 TIME OF OCCURRENCE: 12:30

DATE REPORTED TO BLM: 10-7-91 TIME REPORTED: 1300

BLM OFFICE REPORTED TO: (RESOURCE AREA/DISTRICT/OTHER): Carlsbad

LOCATION: ($\frac{1}{4}$ $\frac{1}{4}$) SE SECTION 23 T. 16 R. 29 MERIDIAN

COUNTY: Eddy STATE: NM WELL NAME Simmons Fed #5

OPERATOR: COMPANY NAME McClellan Oil Corp PHONE NO. 505 622-3200
CONTACT PERSON'S NAME Mitchell

SURFACE OWNER: Fed MINERAL OWNER: Fed
(FEDERAL/INDIAN/FEE/STATE)

LEASE NO.: NM-0916 RIGHT-OF-WAY NO.: _____

UNIT NAME / COMMUNITIZATION AGREEMENT No.: _____

TYPE OF EVENT, CIRCLE APPROPRIATE ITEM(S):

BLOWOUT, FIRE, FATALITY, INJURY, PROPERTY DAMAGE, OIL SPILL, SALTWATER SPILL,
OIL AND SALTWATER SPILL, TOXIC FLUID SPILL, HAZARDOUS MATERIAL SPILL,
UNCONTROLLED FLOW OF WELLBORE FLUIDS, OTHER (SPECIFY):

CAUSE OF EVENT: Tapping out of Hole w/ Tubing. Hole would not load. Well
unloaded liquids & gas. Well brought under control by Pumping Brine H₂O.

HazMat Notified: (for spills) BLM.

Law Enforcement Notified: (for thefts) _____

CAUSE AND EXTENT OF PERSONAL INJURIES/CAUSE OF DEATH(S):

NONE
Safety Officer Notified: _____

EFFECTS OF EVENT: Loss of 2 Hrs Rig Time - small amount of surface
damage - minor

ACTION TAKEN TO CONTROL EVENT: Flanged up well head - let flow to tanks
To flow off head gas, killed well w/ 10# gal Brine

LENGTH OF TIME TO CONTROL BLOWOUT OR FIRE: 2 Hrs

VOLUMES DISCHARGED: OIL 2 BBLs WATER 60 GAS 1000 MCF

OTHER AGENCIES NOTIFIED: NONE

ACTION TAKEN OR TO BE TAKEN TO PREVENT RECURRENCE: Loaded Hole w/10#/gal Brine.
Set CTRP over Top of Perfs. 35' Cent on Top of CTRP.

FINAL INVESTIGATION:

TEAM NAME(S) _____

FIELD INSPECTION DATE 10-7-91

SUMMARY OF RESULTS OF INSPECTION _____

RESOURCE LOSS WAS (CIRCLE ITEM): AVOIDABLE UNAVOIDABLE

DATE OF MEMO NOTIFYING MINERALS MANAGEMENT SERVICE THAT LOSS WAS AVOIDABLE:

DATE/TIME/PERSON NOTIFIED:

DISTRICT OFFICE 10-7-91, 12:30 PM, SHANNON

STATE OFFICE _____

WASHINGTON OFFICE _____

SUMMARY OF RESULTS OF RECLAMATION/CORRECTIVE ACTION:

REMARKS: _____

SIGNATURE OF AUTHORIZED OFFICER: _____

DATE: _____ TITLE: _____