

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OFFICE FOR NUMBER
OF COPIES RECD
(Other Instructions on re-
verse side)

NEW ROSWELL DISTRICT
Modified Form No.
N160-3160-4

clsf

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 ☒ GAS WELL ☐ OTHER ☐		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR McClellan Oil Corporation		8. FARM OR LEASE NAME HINKLE FED	
3. ADDRESS OF OPERATOR P. O. Drawer 730 Roswell, NM 88202-0730		9. WELL NO. 5	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 2310' FSL & 330 FWL		10. FIELD AND POOL, OR WILDCAT WLC Premier	
14. PERMIT NO.		12. COUNTY OR PARISH Eddy	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3702 GL		13. STATE NM	
31. Area Code & Phone No. (505) 622-3200		11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA Sec. 10-T16S-R29E	

RECEIVED
OCT 16 '89
O.C.D.
ARTESIA, OFFICE

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

NOTICE OF INTENTION TO:

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

SUBSEQUENT REPORT OF:

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

(Note: Report results of multiple completion on Well Completion or Reconpletion 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.) *

10-6-89 Well was placed back on Production

ACCEPTED FOR RECORD

OCT 13 1989

CARLSBAD, NEW MEXICO

RECEIVED
OCT 13 10 59 AM '89
CARLSBAD, NEW MEXICO

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

SIGNED Matt Lee

TITLE Prod. & Comp. Eng.

DATE 10-9-89

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side