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OCT 2 - 1985

UNITED STATES OF AMERICA, NM 88110  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-046119-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Renee Fed.

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

High Lonesome

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 17-T16S-R29E

12. COUNTY OR PARISH 13. STATE

Eddy

NM

O. 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.)

ARTESIA, OFFICE

OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

McClellan Oil Corporation

3. ADDRESS OF OPERATOR

P.O. Drawer 730, Roswell, NM 88202

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface

330' FWL &amp; 660' FSL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3642' G.L.

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

(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.)

9/14/85: Perfed 1729' - 50'. Acidized with 1000 gals. 10% NE acid, fraced with 31,000 gals. gelled water with 26,000 lbs. 20-40 and 24,000 lbs. 12-20 sand. Flowed back load.

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

SIGNED

TITLE

Operations Manager

DATE

9/17/85

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

SEP 28 1985

\*See Instructions on Reverse Side