

45F

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SURMIT IN TRIPPLICATE*
(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.)

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 Federal

9. WELL NO.
2

10. FIELD AND POOL, OR WILDCAT
High Lonesome

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 20-T16S-R29E

12. COUNTY OR PARISH
Eddy

13. STATE
NM

RECEIVED BY
OCT 2 - 1985
O. C. D.
ARTESIA, OFFICE

1. 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 & 330' FNL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, OR, etc.)
3636' G.L.

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* ☐

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.) *

9/19/85: Perfed 1760'-1783' w/ 10 holes.
Acidized and fraced w/ 1000 gal 10% NE acid and 30,000 gal gelled 2% KCL water with 22,500 lbs 20-40 sand and 20,500 lbs 12-20 sand.

9/20/85-
9/25/85: Swabbing back frac load.

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

SIGNED Paul R. Kaye

TITLE Operations Manager

DATE September 25, 1985

(This space for Federal or State office use)

APPROVED BY SEP 30 1985

TITLE _____

DATE _____

*See Instructions on Reverse Side

CAPESBAY, NEW MEXICO