

Form 3160-5
(July 1989)
(Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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verse side)
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MM Roswell District
Modified Form No.
NM60-3160-4

c/sf

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different depth.
Use "APPLICATION FOR PERMIT—" for such proposals.)

SEP 19 1990

1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> 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 660' FSL & 1980' FWL		5. LEASE DESIGNATION AND SERIAL NO. NM-0916		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, CR, etc.) 3727' KB		16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA		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.)*		7. UNIT AGREEMENT NAME		8. FARM OR LEASE NAME Golden Bear Federal	
11. SEC., T., R., M., OR BLK. AND SURVEY OR ARMA Sec. 24 T16S-R29E		12. COUNTY OR PARISH Eddy		13. STATE NM		10. FIELD AND POOL, OR WILDCAT		9. WELL NO. No. 1		7. UNIT AGREEMENT NAME	

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

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 checked="" type="checkbox"/>

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)	<input type="checkbox"/>		<input type="checkbox"/>

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

Request temporary authority for 2 months to vent small volume of gas on an occasional basis for testing purposes. Well currently makes 200 mcf/d, no condensate or water, producing from the Atoka formation, interval 10303'-310'. It may be necessary to vent 1 or 2 hours per day on occasion while testing, but volume should not exceed 20 Mcf each time well is vented.

RECEIVED
JUN 7 10 32 AM '90
CARLETON
AREA HEADQUARTERS

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

SIGNED

TITLE Operations Manager

DATE 6/6/90

(This space for Federal or State office use)

APPROVED BY

TITLE Petroleum Engineer

DATE 6/8/90

CONDITIONS OF APPROVAL, IF ANY:

APPROVED FOR 2 MONTH PERIOD
ENDING 8/7/90

*See Instructions on Reverse Side