

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
NM Oil Cons. Commission
Artesia, NM 88210

Form approved.
Budget Bureau No. 1004-01
Expires August 31, 1985
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 reservoir.
Use "APPLICATION FOR PERMIT" for such proposals.)

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' FSL & 330' FEL

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3405 G.L.

RECEIVED
MAR 14 '89
O. C. D.
ARTESIA, OFFICE

5. LEASE DESIGNATION AND SERIAL NO.
NM-31951

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Arco Fed.

9. WELL NO.
1

10. FIELD AND POOL, OR WELL
East McMillan-Queen

11. SEC. T., R., M., OR BLE, AND
SURVEY OR AREA
Sec. 34-T10S-R27E

12. COUNTY OR PARISH 13. STATE
Charles Eddy NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>	WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>	(Other)	<input type="checkbox"/>		

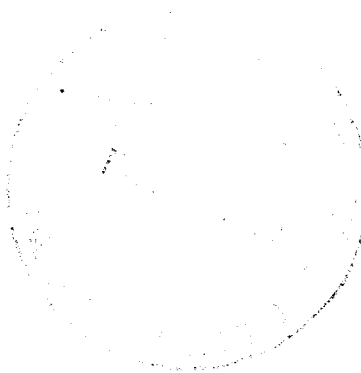
(Other) X

(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.)

2/27/89: Move in Glenss Well Service. Spud with 12 1/4" bit. Drilled to 300 ft. Pulled drill pipe & collars. Ran 298 ft. of 8 5/8", 24# casing. Cemented with 200 sx Premuim Plus with 2% CaCl2. Circulated 50 sx NU wellhead. WOC-18 hrs.

2/28/89: Drill out with 7 7/8" bit.



RECEIVED
MAR 1 12 00 PM '89
CARLSBAD OFFICE
AREA IN CHARGE

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

SIGNED Paul Ragsdale

TITLE Operations Manager

DATE 2/27/89

(This space for Federal or State Record)

APPROVED BY (ORIG. SIGN) DAVID R. GLASS

TITLE

DATE

CONDITIONS OF APPROVAL IF ANY

CARLSBAD, NEW MEXICO *See Instructions on Reverse Side