

N. M. O. G. C. COPY
UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instructions on the reverse side)

Form approved.
Budget Bureau No. 42-R1424.
5 LEASE DESIGNATION AND SERIAL NO.

NM-0109856-A

6 IF INDIAN, ALLOTTEE OR TRIBE NAME

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.)

<p>1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>Dry Hole</u></p> <p>2. NAME OF OPERATOR <u>McClellan Oil Corporation</u></p> <p>3. ADDRESS OF OPERATOR <u>P. O. Box 848, Roswell, New Mexico 88201</u></p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) at surface <u>660' FSL & 330' FWL</u></p> <p>14. PERMIT NO.</p> <p>15. ELEVATIONS (Show whether DF, RT, GR, etc.)</p>	<p>7. UNIT AGREEMENT NAME</p> <p>8. FARM OR LEASE NAME <u>Lois Federal</u></p> <p>9. WELL NO. <u>1</u></p> <p>10. FIELD AND POOL, OR WILDCAT <u>Wildcat</u></p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 9-T14S-R30E</u></p> <p>12. COUNTY OF PARISH <u>Chaves</u></p> <p>13. STATE <u>New Mexico</u></p>
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16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
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 checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>

(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.)*

August 7, 1974: This test was plugged and abandoned as follows:

- 100' plug 2025-2125' (Queen)
- 100' plug 1114-1214' (Base Salt)
- 100' plug 520- 620' (Top Salt)
- 20 sack plug at surface.

A dry hole marker was erected. You will be notified when the location has been cleaned and levelled and is ready for final inspection.

RECEIVED
AUG - 8 1974
U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED Jacob L. McClellan TITLE Operator DATE 8-7-74

(This space for Federal or State office use)

APPROVED BY Jacob L. McClellan TITLE ACTING DISTRICT ENGINEER DATE FEB 10 1978

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

FEB 14 1978

OIL CONSERVATION COMM.
HOBBS, N. M.

O. C. C.
ALBUQUERQUE, OFFICE

FEB 13 1978

RECEIVED