

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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.)

RECEIVED	
JUN 10 1992	
1. 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, N.M. 88202 O.C.D.	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 2310' FNL & 2310' FEL	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, OR, etc.) 3603' GL
5. LEASE DESIGNATION AND SERIAL NO. NM-2581	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
7. UNIT AGREEMENT NAME	
8. FARM OR LEASE NAME McClellan Fed	
9. WELL NO. 2	
10. FIELD AND POOL, OR WILDCAT Sams Ranch	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 11-T14S-R28E	
12. COUNTY OR PARISH Chaves	13. STATE NM

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 type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input checked="" type="checkbox"/>	(Other) _____	(Other) _____

(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.)*

Fluid levels taken 6-2-92 on said well, show top of fluid is at 1829'.
The test was witnessed by the O.C.D of Artesia.

Pursuant to the letter from Mike Williams of the O.C.D., Rule 203 C-c is in effect. Braden Head PSI=0. The base of the salt section in this well is 430'. Since the fluid level is below the salt section and there is no Csg. leaks we request that said well be exempt from the requirements for a Bridge Plug, Packer or a Csg. Inspection Log. (d)

18. I hereby certify that the foregoing is true and correct
SIGNED *Mike Lee* TITLE Drlg. & Comp. Eng. DATE 6-9-92

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

KELTIC SERVICES

FLUID LEVELS 6-2-92

Production

LEASE : CRASING PRESS FLUID LEVEL

McCLELLAN OIL CORP
FED #1 5 1333

McCLELLAN OIL CORP
FED #2 300 1829

SIMMONS FED #3 230 1581