

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 Form 9-331-C for such proposals.)

1. oil ☒ gas ☐
well well other

2. NAME OF OPERATOR
McClellan Oil Corporation

3. ADDRESS OF OPERATOR
P.O. Drawer 730, Roswell, N.M.

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 660' FSL & 660' FWL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	<input type="checkbox"/>		<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>		<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>		<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>		<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>		<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>		<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>		<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>		<input type="checkbox"/>
(other) Cement and casing			

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.)*

11-18-83: Re-entered old hole and drilled out existing plugs with 7-7/8" bit.

11-21-83: TD at 6700'. Ran Schlumberger CNL/LDT, DLL. Ran 6653' of 4½", J-55, 10.5# casing. Cemented with 500 sx 50/50 Poz-H with 2% gel, .3% Halad 22A and 6 lb/sx salt. Release rig. Wait on completion unit.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Paul Ragsdale TITLE Operations Manager DATE November 28, 1983

ACCEPTED FOR RECORD

(This space for Federal or State office use)

(ORIG. SGD.) DAVID N. GLASS

APPROVED BY _____ DATE _____
CONDITIONS OF APPROVAL _____

ROSWELL, NEW MEXICO

*See Instructions on Reverse Side

5. LEASE
NM-19837

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

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8. FARM OR LEASE NAME
MOC Federal White

DEC 14 1983

9. WELL NO.
1

O. C. D.
ARTESIA, OFFICE

10. FIELD OR WILDCAT NAME
Wildcat

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 9-T4S-R27E

12. COUNTY OR PARISH
Chaves

13. STATE
N.M.

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3891' G.L.

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

RECEIVED
NOV 29 10 14 AM '83
BUREAU OF LAND MANAGEMENT
ROSWELL DISTRICT