THE INTERIOR COther Instructions on re-

Form approved. Budget Bureau No. 42-R1424.

Copy as=

5.	LEASE	DESIG	NATION	AND	SERIAL	NO.
	8.1	K Z	010), -	66	

LI AIT INICIAL OF THE INTERIOR Verse side)	o, bease designation and Serial No.
GEOLOGICAL SURVEY	N. M. 0154766 6. IF INDIAN, ALCOTTEE OR TRIBE NAME
y notices and reports on wells	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.)	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
<u>1.</u>	OIL GAS G	7. UNIT AGREEMENT NAME
	WELL WELL OTHER	
2.	NAME OF OPERATOR NOV & 1972	8. FARM OR LEASE NAME
	McCLELLAN OIL CORP.	BAR J - FEDERAL
3.	ADDRESS OF OPERATOR	9. WELL NO.
	Box 848 Roswell, New Mexico 8826 LA. DEFIDE	<u>, 2</u>
4.	LOCATION OF WELL (Report location clearly and in accordance with any State requirements	WE FIELD AND POOL, OR WILDCAT
	LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface	Haystack-Silur o- Dev
	1974	11. SEC., T., R., M., OR BLK. AND
	600 FNL & 1980 FWL NUVZ	SURVEY OR AREA
		HAYSTACK-SILURD-DEV 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 5 - 6S - 27E 12. COUNTY OR PARISH 13. STATE
14	PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE
	4090 GR.	CHAVES NEW MEXICO
16	Check Appropriate Box To Indicate Nature of Notice, Report, or C	ther Data

NOTICE OF INTENTION TO:			SUBSEQUENT REPORT OF:				
				ſ			
TEST WATER SHUT-OFF		PULL OR ALTER CASING		WATER SHUT-OFF		REPAIRING WELL	
FRACTURE TREAT		MULTIPLE COMPLETE		FRACTURE TREATMENT		ALTERING CASING	_
SHOOT OR ACIDIZE	1	ABANDON*		SHOOTING OR ACIDIZING		ABANDON MENT*	
REPAIR WELL		CHANGE PLANS		(00111)	PLETION		X
(Other)				(Note: Report resu Completion or Recor	ilts of multiple mpletion Report	completion on Well and Log form.)	11

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.)*

WESTERN CO. SET CAST IRON BRIDGE PLUG AT 6410'. PERFORATED 6339' - 6349'. ACIDIZED WITH 250 GAL MUD ACID. SWABBED DRY. RE-ACIDIZED WITH 1000 GAL 15% ACID. SWABBED AND RECOVERED WATER WITH NO TRACE OF OIL.

SET CAST IRON BRIDGE PLUG AT 60001. PERFORATED CISCO GAS ZONE 5938 - 5948. ACIDIZED WITH 250 GAL MUD ACID. SWABBED TO UNLOAD. GAS FLOWED AT RATE OF 380 MCF AT 400# TRAP PRESS. AND WATER AT RATE OF 12 BBL. PER HR. RE-ACIDIZED WITH 1500 GAL 15% M.S. ACID. GAS VOL. 550 MCF DECREASED TO 275 MCF AND PRESS DECREASED FROM 850# to 650# and Loaded up with water. Closed in - Non Commercial.

18. I hereby certify that the foregoing is true and correct			
SIGNED	TITLE	PRODUCTION SUPT.	DATE 10-31-72
(This space for Federal or State office use) APPROVED BY CONDITIONS OR OFFICE OF ANY:	TITLE _		DATE

*See Instructions on Reverse Side