N. M. O. C. C. Story

| Form 9-331<br>(May 1963)  | DEPAR                 | UNITED STA            |                | SUBMIT IN TRII<br>(Other instruction<br>verse side) | ns on re-                        | Form approved. Budget Bureau No. 42-R LEASE DESIGNATION AND SERIAL |  |
|---|-----------------------|-----------------------|----------------|---|----------------------------------|--|--|
|   |                       | GEOLOGICAL            | SURVEY         |   |                                  | NM 0154766   |  |
|   |                       | TICES AND I           |                | ON WELLS  pack to a different reserv roposals.)     |                                  | IF INDIAN, ALLOTTEE OR TRIBE                                       | NAME   |
| OIL GAS WELL X OTHER  |                       |                       |                |   |                                  | UNIT AGREEMENT NAME  |  |
| 2 NAME OF OPERATOR  |                       |                       |                |   |                                  | FARM OR LEASE NAME   |  |
| McClellan Oil Corporation DEC 1 5 1972  |                       |                       |                |   |                                  | BAR J - FEDERAL  |  |
| 3. ADDRESS OF OPERATOR  |                       |                       |                |   |                                  | WELL NO.   |  |
| P. O. BOX 848, ROSWELL, NEW MEX. ICO 88201 4. LOCATION OF WELL (Report location clearly and in accordance with any state regultements.* |                       |                       |                |   |                                  | ). FIELD AND POOL, OR WILDCAT!                                     | <del>,                                    </del> |
| See also space 17 below.)  At surface   |                       |                       |                |   |                                  | CISCO &<br>HAYSTACK-SHLURO   | DEV.   |
| ,<br><b>(</b> 0   | 0 5 11 1 0            | 1090 5 11             |                |   | 11                               | 1. SEC., T., R., M., OR BLK. AND<br>SURVEY OR AREA                 |  |
| 60  | OFNL&                 | 1980 F W              | L              |   |                                  | .c. 15 T-6-9 D.  | _27_5  |
| 14. PERMIT NO.  |                       | 15. ELEVATIONS        | Show whether D | F, RT, GR, etc.)                                    | 1:                               | 2. COUNTY OR PARISH 13. STATE                                      | =  |
|   |                       | 4090                  | GR.            |   |                                  | CHAVES NEW M   | MEXIC  |
| 16.   | Chack A               | Appropriate Box       | To Indicate N  | Nature of Notice, Re                                | port, or Othe                    |  |  |
|   | NOTICE OF INT         |                       | io malcale i   | i   | •                                | C REPORT OF:   |  |
|   | NOTICE OF INT         |                       |                |   |                                  | <u></u>  | 7  |
| TEST WATER SH   |                       | PULL OR ALTER CAS     |                | WATER SHUT-OFF FRACTURE TREAT!                      | MENT                             | REPAIRING WELL ALTERING CASING                                     | -  |
| FRACTURE TREAT SHOOT OR ACIDIZ  |                       | ABANDON*              |                | SHOOTING OR ACI                                     |                                  | ABANDON MENT*  | -1   |
| REPAIR WELL   |                       | CHANGE PLANS          |                | (Other)   | TUS OF                           | WELL X   | ]  |
| (Other)   |                       |                       |                | (Note: Rep<br>Completion                            | ort results of<br>or Recompletio | multiple completion on Well<br>on Report and Log form.)            |  |
| nent to this wo   | ork.) *               |                       |                |   |                                  | cluding estimated date of starting epths for all markers and zones | :  |
| AN  | D WELL IS             | COMMERCIA             | L AFTER        | THE 4 POINT   | TEST WA                          | S TAKEN. WELL  |  |
| W I   | LL BE CLA             | SSIFIED AS            | A SHUT         | IN GAS WELL   | , AWAITI                         | NG CONNECTION.   |  |
|   |                       |                       |                |   |                                  |  |  |
|   |                       |                       |                |   |                                  |  | •  |
|   |                       |                       |                | •   |                                  |  | ***  |
|   |                       |                       |                |   |                                  |  | ິກ   |
|   |                       |                       |                |   |                                  | 9 A C Same Same  | 16   |
|   |                       |                       |                |   |                                  | " LECT OF  | N COL  |
|   |                       |                       |                |   |                                  |  | A MESS   |
|   |                       |                       |                |   |                                  | J. S. TESIA  | •  |
|   |                       |                       |                |   |                                  | UECLA 19<br>UECLA 19<br>U.S. CESTAS ME                             | -  |
| 18. I hereby certify  | that the foregoing    | z is true and correct |                | ····  |                                  |  |  |
| SIGNED  | Jud. W                | ( Clelle              | TITLE          | OPERATOR  |                                  | DATE 12/13/72  |  |
| (This space for   | Referal or State      | office use)           |                |   |                                  | -  |  |
| APPROVED BY   | .·<br>DE ANTROVAT. TI | MANY:                 | TITLE          |   |                                  | DATE   |  |
| CONDITIONS O  | 5 Parada              | · with ·              |                |   |                                  | •  |  |

\*See Instructions on Reverse Side