

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

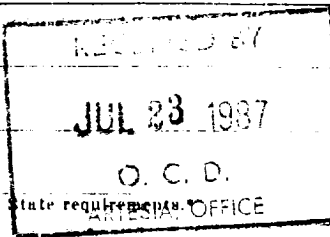
Form approved.
Budget Bureau No. 1004-4111
Expires August 31, 1985

45F

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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR McClellan Oil Corporation ✓	8. FARM OR LEASE NAME McClellan Fed.
3. ADDRESS OF OPERATOR P.O. Box 730, Roswell, N.M. 88202	9. WELL NO. 1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' FSL & 660' FEL	10. FIELD AND POOL OR WILDCAT Wildcat - San Andres
14. PERMIT NO. 3773 G.L.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 27-T13S-R29E
15. ELEVATIONS (Show whether DF, RT, CR, etc.)	12. COUNTY OR PARISH 13. STATE Chaves 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	PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CASING
SHOOT OR ACIDIZE	ABANDON*	SHOOTING OR ACIDIZING	ABANDONMENT*
REPAIR WELL	CHANGE PLANS	(Other)	

(NOTE: Report results of multiple completion on Well Completion or Reconpletion 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.) *

Request approval for emergency pit located on the referenced location.
If needed and used the pit will be properly cleaned up and drained within 24 hours after use.

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

SIGNED Paul Kaychale TITLE Operations Mgr DATE 7/3/87

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY:

APPROVED
DATE
PETER W. CHESTER

JUL 22 1987

BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA

*See Instructions on Reverse Side