

Form 3160-5
(July 1989)
(Formerly 9-331)

NM Oil Cons. Commission
New Mexico
P.O. Box 18, NM 88210
UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVED
OFFICE FOR NUMI
OF COPIES REQUIRED
(Other instructions on re-
verse side)

BLM Roswell District
Modified Form No.
NMOG-3160-4

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"/>		3a. Area Code & Phone No. 505-622-3200		5. LEASE DESIGNATION AND SERIAL NO. NM-2824
2. NAME OF OPERATOR McClellan Oil Corporation ✓				6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Drawer 730 Roswell, NM 88202				7. UNIT AGREEMENT NAME
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		NOV 6- '89 O. C. D. ARTESIA, OFFICE		8. FARM OR LEASE NAME McClellan Fed
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3773 G.L.		9. WELL NO. #1
				10. FIELD AND POOL, OR WILDCAT Wildcat
				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 27-T13S-R29E
				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:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input checked="" type="checkbox"/>
(Other)	<input type="checkbox"/>		

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		

(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.) *

10-2-89 Pulled rods and tubing. Ran bit and scraper across perfs from 2766 to 2927. Reacidized perfs w/4000 gals MOD 202 acid and 30 ballsealers. Swebbbed back acid load.

10-3-89 Reran pump and rods. Put well back on pump and into production.

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

SIGNED Peter W. Chester TITLE Operation's Manager

DATE 10-3-89

(This space for Federal or State office use)

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

ACCEPTED FOR RECORD PETER W. CHESTER	
DATE _____	
NOV 2 1989	
BUREAU OF LAND MANAGEMENT ROSWELL RESOURCE AREA	

*See Instructions on Reverse Side