

C/SF

3100 (066)

May 25, 1990

RECEIVED

McClellan Oil Corporation
P.O. Drawer 730
Roswell, NM 88202

MAY 29 '90

C. C. D.
ARTESIA OFFICE

Re: No. 1-McClellan Fed.
SE1/4SE1/4 Sec. 27, T. 13 S., R. 29 E.
Chaves County, New Mexico, Lease NM 2824

Gentlemen:

Your Sundry Notice (Form 3160-5) dated May 11, 1990 requesting approval for a temporary suspension of production per 43 CFR 3103.4-2 is hereby approved effective June 1, 1990. In the absence of any action by this office to lift or extend it, the suspension will terminate on May 31, 1991.

Sincerely,

Levi Deike

Levi Deike
Acting Area Manager

cc:
MIS- Denver
NM (943B-3)
NM (943C)
D. Glass (066)

PCHESTER:jsf:5/25/90:WANGID1869Z

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
NM 011 SUBMIT IN TRIPL
(Other instructions on reverse side)
Artesia, NM 88210

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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"/>		RECEIVED	
2. NAME OF OPERATOR McClellan Oil Corporation		MAY 29 '90	
3. ADDRESS OF OPERATOR P.O. Drawer 730 Roswell, NM 88202		C. C. D.	
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		ARIESIA OFFICE	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3773 G.L.	12. COUNTY OR PARISH Chaves	13. STATE NM

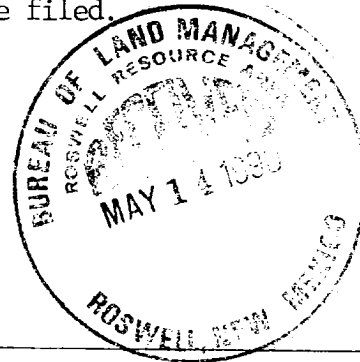
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>
(Other) Suspend Production <input checked="" 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.) *

As per requirements to suspend production until May 31, 1991.

- McClellan Oil certifies the referenced McClellan Fed. No. 1 is a stripper well incapable of producing more than 10 BOPD.
- McClellan Oil certifies that the well is capable of production, but failure to suspend production will lead to premature abandonment. This is the only well on this lease.
- Once the application to suspend production is approved, minimum royalty requirements will be satisfied and the proper forms will be filed.



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

SIGNED [Signature] TITLE Operations Manager DATE 5/11/90

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE See attached approval letter DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side