

Form 3160-5
(November 1983)
(Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

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"/> Disposal of Water		RECEIVED AUG 07 1991 O. C. D. ARTESIA OFFICE		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				8. FARM OR LEASE NAME McClellan Federal
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3773 GL		9. WELL NO. #1
				10. FIELD AND POOL, OR WILDCAT Wildcat
				11. SEC., T., R., M., OR BLK. AND SURVEY OR ALMA 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 type="checkbox"/>
(Other) Disposal of Water	<input checked="" 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"/>		

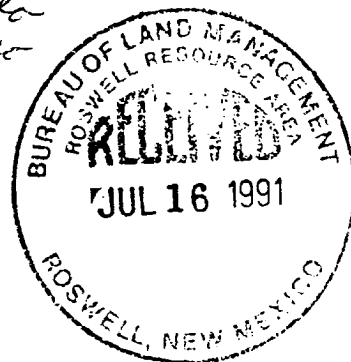
(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.) *

4/15/91 We received approval for temporary suspension of production requirements per 43 CFR 3103.4-2 for this well.

* 7/15/91 As per order of Non-Compliance #NM-066-91-JH-064, McClellan Oil Corporation is requesting approval for disposal of produced water.

Trucked by Jim's Water Service to
Ray Westall's Disposal Station in Socorro
Hills (21-#75 - 29E)



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

SIGNED Mitch Lee TITLE Drig. & Comp. Engineer DATE 7/15/91

(This space for Federal or State office use)

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

*See Instructions on Reverse Side

APPROVED
DATE PETER W. CHESTER

JUL 29 1991