

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN THE  
(Other instructions on re-  
verse side)

Form approved.  
Budget Bureau No. 42-R1424.

C/SF

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different formation.  
Use "APPLICATION FOR PERMIT—" for such proposals.)

RECEIVED

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		APR 16 1982	
2. NAME OF OPERATOR McClellan Oil Corporation /		O. C. D.	
3. ADDRESS OF OPERATOR P.O. Drawer 730, Roswell, New Mexico 88202		ARTESIA, OFFICE	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 990' FWL & 660' FNL		5. LEASE DESIGNATION AND SERIAL NO. NM-16069	
		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
		7. UNIT AGREEMENT NAME	
		8. FARM OR TRACT NAME Coyote Federal	
		9. WELL NO. 3	
		10. FIELD AND POOL, OR WILDCAT Wildcat Pecos Slope Also	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 7-T8S-R25E	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3641 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) Change of name & number <input checked="" 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.)\*

This test was originally the Coyote Draw No. 3.

Request change of name and number to Coyote Federal No. 3

RECEIVED  
JAN 15 1982

OIL & GAS  
U.S. GEOLOGICAL SURVEY  
ROSWELL, NEW MEXICO

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

SIGNED <u>Peter W. Chester</u>	TITLE <u>Operator</u>	DATE <u>1/14/82</u>
(This space for Federal or State office use)		
(Orig. Sgd.) PETER W. CHESTER		
APPROVED BY _____		
CONDITIONS OF APPROVAL, IF ANY:		
APR 10 1982		
FOR JAMES A. GRHAM DISTRICT SUPERVISOR		

\*See Instructions on Reverse Side