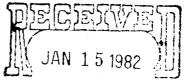
Form 9-331 (May 1963)		UNITED STATE	ES <u>Na</u> car	SUBMIT IN MRI DIN A	Form approved. Budget Bureau No. 42-R142
0/SF		MENT OF THE SEOLOGICAL SUI	III I LEFFICI	Aetse Brae)	5. LEASE DESIGNATION AND SERIAL NO. NM-16069
SUN (Do not use this	6. IF INDIAN, ALLOTTEE OR TRIBE NAM:				
i.			· · · · · · · · · · · · · · · · · · ·		7. UNIT AGREEMENT NAME
OIL GAS WELL  2. NAME OF OPERATOR	OTHER			APR 16 10	8. FARM OR LEASE NAME
McClellan Oil	•	ion/	·	0.C.B.	Coyote Federal
P.O. Drawer		ll, New Mexico	88202	ARTESIA, Garage	9. WELL NO.
	Report location	clearly and in accordance		e requirements.*	10. FIELD AND POOL, OR WILDCAT
660' FNL & 19	980' FEL	· -			11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
					Sec. 12-T8S-R24E
14. PERMIT NO.		3650' G.L.	whether DF, RT,	GR, etc.)	12. COUNTY OR PARISH 13. STATE NM.
16.	Check A	ppropriate Box To I	ndicate Natu	re of Notice, Report, or	Other Data
	NOTICE OF INTE	NTION TO:		SUBSE	EQUENT REPORT OF:
TEST WATER SHUT-	OFF	PULL OR ALTER CASING		WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREAT SHOOT OR ACIDIZE		MULTIPLE COMPLETE ABANDON*		FRACTURE TREATMENT SHOOTING OR ACIDIZING	ALTERING CASING ABANDONMENT*
REPAIR WELL		CHANGE PLANS		(Other) Change of w	
(Other)  17. DESCRIBE PROPOSED (	OR COMPLETED OF	ERATIONS (Clearly state	all pertinent det	ails, and give pertinent date	its of multiple completion on Well apletion Report and Log form.)  se, including estimated date of starting and its depths for all markers and zones per
nent to this work.)	wen is direct	onany urined, give subs	uriace locations	and measured and true vert	ical depths for all markers and gones per
This test was	s original	ly the Coyote	Draw No.	4.	
Request chang	ne of name	and number to	Covote F	ederal No. 2	
nequest chang	je or name	and number to	·	ederar No. 2.	
			·		
			) Disto	35至70公室川	. # 1 등 1 등 1 등 1 등 1 등 1 등 1 등 2 등 2 등 2 등
			- IIIV 11	N 1 5 1000	



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

8. I hereby certify that the foregoing is true and correct SIGNED.	TITLE Operator	DATE 1/14/82
(This space for Fideral or State office use) (Orig. Sgd.) FITER W. CHESTER APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	TITLE	DATE
FOR  JAVALE A GRADAM *S  DISTRICT SUPERVISOR	ee Instructions on Reverse Side	