

RECEIVED BY
Form 9-331
Dec. 1973
OCT 04 1984
O. C. D.
ARTESIA OFFICE

NM OIL CONS. COMMISSION
Drawer DD
Artesia, NM 89210

Form Approved.
Budget Bureau No. 42-R1424

C/SF

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil well ☐ gas well ☒ other ☐
2. NAME OF OPERATOR
McCLELLAN OIL CORPORATION ✓
3. ADDRESS OF OPERATOR
P. O. Drawer 730, Roswell, NM 88202
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 660 FNL & 1980 FEL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:	SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF <input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE <input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES <input type="checkbox"/>	<input type="checkbox"/>
ABANDON* <input type="checkbox"/>	<input type="checkbox"/>
(other) <input type="checkbox"/>	<input type="checkbox"/>

5. LEASE
NM-16069
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Coyote Fed. 9-25-84
9. WELL NO.
2
10. FIELD OR WILDCAT NAME
Pecos Slope Abo
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 12-T8S-R24E
12. COUNTY OR PARISH
Chaves
13. STATE
New Mexico
14. API NO.
30-005-61100
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3650' G.L.

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)*

Request approval to have pit only for periodic "blowdowns" of this well.
This well is no longer capable of producing water to the surface on its own against present line pressure, therefore, the well is blown down monthly to help clean out the well. Approximately 1 barrel is produced each time.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Peter W. Chesnut TITLE Operations Mgr. DATE 9-25-84
APPROVED

(Orig. Sgd.) PETER W. CHESNUT
APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

OCT 5 1984

