

Dr. J. H. ...
Artesia, N.M. 87003

Form Approved.
Budget Bureau No. 42-R1424

DEC 9 1982

O. C. D. DEPARTMENT OF THE INTERIOR
ARTESIA, OFFICE GEOLOGICAL SURVEY

(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 & 660' 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"/>
FRACTURE TREAT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>
CHANGE ZONES	<input checked="" type="checkbox"/>
ABANDON*	<input type="checkbox"/>
(other)	

SUBSEQUENT REPORT OF:

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5. LEASE
NM-28306

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Coyote Draw Federal

9. WELL NO.
4

10. FIELD OR WILDCAT NAME
Wildcat

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 17-17S-R25E

12. COUNTY OR PARISH
Chaves

13. STATE
NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3702' 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.)*

Present interval 3681'-3702' has not proved productive. Propose to perforate from 3498'-3660' and attempt to complete in that interval. Present operation is swab testing zone now open.

RECEIVED

DEC 7 1962

CH 2 2

MINERALS

ROSVELL, E.

Subsurface Safety Valve: Manu. and Type

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

SIGNED [Signature] TITLE Operations Manager DATE December 6, 1982

APPROVED

(This space for Federal or State office use)

(This space for Fe
[ORIG, SGD.] DAVID R. CLASS

APPROVED BY _____
CONDITIONS OF APPROVAL _____

File JAMES A. GILLHAM
DISTRICT SUPERVISOR

See Instructions on Reverse Side