

NM Oil Cons. Commiss' 7  
Drawer DD  
UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

457

Form approved,  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

SUBMIT IN TRIPLICATE  
NM-28306  
The Bureau has no re-verse side)

### 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.)

<p>1. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER</p> <p>2. NAME OF OPERATOR McClellan Oil Corporation ✓ 505-622-3200</p> <p>3. ADDRESS OF OPERATOR P.O. Drawer 730 Roswell, NM 88202</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  660' FNL &amp; 660' FEL</p> <p>14. PERMIT NO.</p>		<p style="text-align: center;">RECEIVED  MAR 18 1991  O. C. D. ARTESIA OFFICE</p> <p>7. UNIT AGREEMENT NAME</p> <p>8. FARM OR LEASE NAME Coyote Draw Comm. Fed.</p> <p>9. WELL NO. #4</p> <p>10. FIELD AND POOL, OR WILDCAT Pecos Slope</p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  Sec. 31-T7S-R25E</p> <p>12. COUNTY OR PARISH 13. STATE Chaves NM</p> <p>15. ELEVATIONS (Show whether DF, RT, GR, etc.)  3702' GL</p>	
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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 COMPLETION <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <input type="checkbox"/>
(Other) <input 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.)\*

Propose to plug & abandon: 13 3/8 - 281' Circulated  
8 5/8 - 1400' Circulated  
4 1/2 - 3888' TOC - 2871'  
2 3/8" Tbg in hole

- A. Circulate hole with Gel H2O at 3750'.
- B. 1st plug 3550-3750' 25 sx *Tag plug.*
- C. Cut off csg at 2850' & pull out of hole.
- D. 2nd plug 2800-2900' 35 sx (Tag plug)
- E. 3rd plug 1350-1450' 30 sx *Tag plug.*
- F. 4th plug 60' to surface

Install dry hole marker and clean location.

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

SIGNED *[Signature]*

TITLE Drig. & Comp. Engineer

DATE 3/06/91

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

\*See Instructions on Reverse Side

MAR 18 1991