

NM Oil Cons. Commission
Drawer DD
Artesia, NM 88210
UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

45F

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.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		RECEIVED	5. LEASE DESIGNATION AND SERIAL NO. NM-28306
2. NAME OF OPERATOR McClellan Oil Corporation		JUN 11 1992	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Drawer 730, Roswell, N.M. 88202		O. C. D. Artesia, NM	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' FNL & 660' FEL			8. FARM OR LEASE NAME Coyote Draw Comm. Fed.
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3702' GL	9. WELL NO. 4
			10. FIELD AND POOL, OR WILDCAT Pecos Slope
			11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 31-T7S-R25E
			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) <input type="checkbox"/>	
(Other) Finalization	X	(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.)

Reclamation & finalization on said well is complete.

And is ready for Inspection.



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

SIGNED John E. Crane

TITLE Drig. & Comp. Eng.

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

ACCEPTED FOR RECORD JOHN E. CRANE DATE JUN 17 1992 BUREAU OF LAND MANAGEMENT ROSWELL RESOURCE AREA

*See Instructions on Reverse Side