CISE

2. NAME OF OPERATOR

AT TOTAL DEPTH:

3. ADDRESS OF OPERATOR

AT TOP PROD. INTERVAL:

REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF FRACTURE TREAT

1. oil

well

NW OIL COMS. COMMISSION

Drawer DD

Form Approved. Budget Bureau No. 42-R1424

UNITED STATES

Artesia, NM 88210

5. LEASE NM-35925

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.)

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,

other

P.O. Drawer 730, Roswell, N.M.

AT SURFACE: 1980' FNL & 1980' FEL

McClellan Oil Corporation

well

6. IF INDIAN, ALLOTTEE OR TRIBE NAME RECEIVED

7. UNIT AGREEMENT NAME

MAY - 6 1982

8. FARM OR LEASE NAME Dana Federal

O. C. D.

9. WELL NO. 3

ARTESIA, OFFICE

10. FIELD OR WILDCAT NAME Undesignated When

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

<u>Sec. 3-T9S-R25E</u>

12. COUNTY OR PARISH 13. STATE NM

Chaves

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD) 3545' G.R.

SHOOT OR ACIDIZE REPAIR WELL

PULL OR ALTER CASING MULTIPLE COMPLETE **CHANGE ZONES** ABANDON*

(other) Casing and Cement (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.)*

SUBSEQUENT REPORT OF:

3/21/82: Drilled to 4300' with 7 7/8" bit. Ran Schlumberger CNL-FDC/DLL-Micro SFL logs. Ran 4222' of $4\frac{1}{2}$ " 10.5 lb/ft casing. Cemented with 350 sx Class "C", 50/50 Poz with 2% gel, .3% CFR-2, .3% Halad - 4 and 6 lb/sk salt. Temperature Survey after 12 hours PBTD-4067' TOC - 3110' Release Drilling Rig

O'UR GAS U.S. GEOLOGICAL SUPPRY ROSWELL, NEW MEXI Subsurface Safety Valve: Manu. and Type _ 18. I hereby certify that the foregoing is true and correct TITLE Operations Mgr. DATE March (This space for Federal or State office use) APPROVED BY TITLE DATE CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

RECEIVED

APR 30 1982

OLO.D. ROSES OFFICE