	Drawer DD	ns. Commission	Form approved.	-4
Gram 3160-5 UNITED STATES Artesia Statisticate November 1983) DEPARTMENT OF THE INTERIOR verse side) BUREAU OF LAND MANAGEMENT			Budget Bureau No Expires August 3 5. LEASE DESIGNATION AN	1, 1985
			NM-36409	
SUNDRY NOTICES AN (Do not use this form for proposals to drill or Use "APPLICATION FOR P	D REPORTS ON W r to deepen or plug back to a ERMIT for such proposals.)	ELLS different reservoir.	6. IF INDIAN, ALLOTTRE (DR TRIBE NAME
OIL GAS WELL OTHER		REC	. UNIT AGBREMENT NAME	<u> </u>
NAME OF OPERATOR	/	AUC 5 - 1987	Mac her 14h	
McClellan Oil Corporation		AUG 5 1987	MOC Fed.	
P.O. Box 730, Roswell, N.M.	88201	Q. C. D.	WELL NO.	
LOCATION OF WELL (Report location clearly and in a See also space 17 below.)	accordance with any States	ARTESIA, OFFICE	O. FIELD AND POOL, OR V	VILDCAT
At surface			Pecos Slope Abo	
1980' FNL & 660' FEL			11. SUC., T., E., M., OH BLE. AND BURVEY OR ALEA	
			29	2
PERMIT NO. 15. ELEVATIO	ONS (Show whether DF, RT, GR. et		Sec. 28-T5S-R2	E
1	3' G.L.		Chaves	NM
	lox To Indicate Nature of		the second s	
NOTICE OF INTENTION TO :	ox to indicate indivie of			
			DENT REPORT OF:	· · · · · ·
TEST WATER SHUT-OFF PULL OR ALTER FRACTURE TREAT MILITUPLE COM		TER SHUT-OFF	REPAIRING WEL	.L.
SHOOT OR ACIDIZE ABANDON*		OOTING ON ACIDIZING	ALTERING CASI	
REPAIR WELL CHANGE PLANE		ther)	ABANDONMENT [•]	
(Other) Lay Flowline DESCRIBE PROPOSED OR CONTLETE: OPERATIONS (Clean proposed work. If well is directionally drilled, nent to this work.) •	ly state all pertinent details. give subsurface locations and t	compression of Arcomp	s of multiple completion on letion Report and Log form. , including estimated date o al depths for all markers an)
hot tap on Transwestern Pipel map is enclosed for your info 24 inches and is approximatel to you soon. Approximately 7 Mrs. E.N. Benedict, which we	ly 1400 feet in ler 750 feet of the lin	will consist o ngth. An arch : ne crosses priv	f 2" steel tubing survey will be fo ate surface owned	buried
Measurement facilities will to Transwestern's line. All	be constructed on	the well and -		D
hereby certify that the foregoing is true and corre	ect		100 50 K	
ICNED March Kagedale	<u>L'hagidele</u> TITLE Operations Manager		DATE7/13/2	37
This space for Federal or Static office use) S/Phil Kirk	Area Manag	er	JUL 2 9	1987
ONDITIONS OF APPROVAL, IF ANY : THI:			JECT TO THE CO	
TACHED ARE TWO PAGES OF S	T BE CONVERTED ' TIPULATIONS WHI *See Instructions on Rever	CH ALSO APPLY		
	r any person knowingly and		Ŷ	

