

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

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 ☐ 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 and in accordance with any State requirements. See also space 17 below.) At surface 1910' FSL & 1650' FWL 14. PERMIT NO.	7. UNIT AGREEMENT NAME 8. FARM OR LEASE NAME Jill Fed. 9. WELL NO. 1 10. FIELD AND POOL, OR WILDCAT Pecos Slope Abo 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 24-T9S-R25E 12. COUNTY OR PARISH Chaves 13. STATE NM																				
NOV 21 '88 O. C. D. ARTESIA, OFFICE																					
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3633' G.L.																					
Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: left;">NOTICE OF INTENTION TO:</th> <th colspan="2" style="text-align: left;">SUBSEQUENT REPORT OF:</th> </tr> </thead> <tbody> <tr> <td>TEST WATER SHUT-OFF ☐</td> <td>PULL OR ALTER CASING ☐</td> <td>WATER SHUT-OFF ☐</td> <td>REPAIRING WELL ☐</td> </tr> <tr> <td>FRACTURE TREAT ☐</td> <td>MULTIPLE COMPLETE ☐</td> <td>FRACTURE TREATMENT ☐</td> <td>ALTERING CASING ☐</td> </tr> <tr> <td>SHOOT OR ACIDIZE ☐</td> <td>ABANDON* ☐</td> <td>SHOOTING OR ACIDIZING ☐</td> <td>ABANDONMENT* ☐</td> </tr> <tr> <td>REPAIR WELL ☐</td> <td>CHANGE PLANS ☐</td> <td>(Other) ☐ Set conductor pipe</td> <td></td> </tr> </tbody> </table> (NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)		NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:		TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐	FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐	SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐	REPAIR WELL ☐	CHANGE PLANS ☐	(Other) ☐ Set conductor pipe	
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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.)*																					

11/14/88: Drilled 41' of 16" hole. Set 41' of 14" conductor pipe. Cemented with 5 yards Ready Mix. Moving in drilling rig. Will spud 11/21/88.

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

SIGNED Paul Kozlowski
(This space for Federal or State office use)

TITLE Operations Manager

DATE 11/15/88

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE

FOR RECORD
DATE: CHESTER

NOV 17 1988

*See Instructions on Reverse Side