

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NM OIL CONS. COMMISSION
Drawer DD
SUBMIT IN TR
Artesia, NM 88202
verse side

Form approved.
Budget Bureau No. 1004-013
Expires August 31, 1985
5. LEASE DESIGNATION AND SERIAL NO.

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	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR McClellan Oil Corporation	8. FARM OR LEASE NAME Jill Fed.
3. ADDRESS OF OPERATOR P.O. Drawer 730, Roswell, N.M. 88202	9. WELL NO. 1
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	10. FIELD AND POOL, OR WILDCAT Pecos Slope Abo
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 24-T9S-R25E
15. ELEVATIONS (Show whether DF, RT, CR, etc.) 3633' G.L.	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"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other)	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	
MULTIPLE COMPLETE	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
CHANGE PLANS	<input checked="" type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>

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.)

Request off-Lease Measurement for the referenced well.
Measurement will be located on the wellsite and the sales meter will be located
660 FSL & 660 FEL, Sec. 23-T9S-R25E on the Rick Fed. #2 location.
Gas combines with 2-Rick Fed prior to measurement.

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

SIGNED <u>Paul Raydale</u>	TITLE <u>Operations Manager</u>	DATE <u>12/27/88</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	
CONDITIONS OF APPROVAL, IF ANY:		

APPROVED
PETER W. CHESTER
FEB 1 1989
BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA

*See Instructions on Reverse Side