

DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Oil Conservation Commission
Drawer DD
Artesia, NM 88210

Expires August 31, 1985
5. LEASE DESIGNATION AND SERIAL NO.
NM-8431

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 88201

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface
660 FSL & 1980 FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3755 G.L.

RECEIVED

JUN 05 '89

A.C.D.
ADMIN. OFFICE

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Penjack Federal

9. WELL NO.
8

10. FIELD AND POOL, OR WILDCAT
Pecos Slope Abo

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 6-T10S-R26E

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	☐	WATER SHUT-OFF	☐
FRACTURE TREAT	☐	FRACTURE TREATMENT	☐
SHOOT OR ACIDIZE	☐	SHOOTING OR ACIDIZING	☐
REPAIR WELL	☐	(Other)	☐
(Other)	☐		
PULL OR ALTER CASING	☐	REPAIRING WELL	☐
MULTIPLE COMPLETE	☐	ALTERING CASING	☐
ABANDON*	☐	ABANDONMENT*	☐
CHANGE PLANS	☒		

(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.)

Please amend A.P.D. setting depth of 8 5/8" surface casing to ±900 ft. exact depth will be determined by top of San Andres. Minimum depth will be 850 ft.

Please amend A.P.D. BOP specification to read 2000 psi wp system.



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

SIGNED Paul Ragsdale TITLE Operations Manager DATE 5/23/89

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY:

APPROVED
PETER W. CHESTER
JUN 2 1989
BUREAU OF LAND MANAGEMENT
ROSSELL RESOURCE AREA

*See Instructions on Reverse Side

1917

1918

1919