

Drawer DD CONTACT RECEIVED
Artesia, NM OF 88210 NM
OF COPIES REQUIRED
(Other instructions on re-verse side)
RECEIVED
UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

151
MM Roswell District
Modified Form No.
NMOG-3160-4 RECEIVED

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 <input type="checkbox"/>		7. UNIT AGREEMENT NAME C. C. D. ARTESIA, OFFICE	
2. NAME OF OPERATOR McClellan Oil Corporation		3a. Area Code & Phone No. 505-622-3200	8. FARM OR LEASE NAME MM Fed. Com
3. ADDRESS OF OPERATOR P.O. Drawer 730 Roswell, NM 88201		9. WELL NO. 10	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 330 FNL & 330 FEL		10. FIELD AND POOL, OR WILDCAT S. Pecos Slope Abo	
14. PERMIT NO.		15. ELEVATIONS (Show whether OF, RT, GR, etc.) 3594 G.L.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 35-T9S-R25E
		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"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) <input type="checkbox"/>	X	(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.) *

Request approval for off-lease measurement facilities for the MM Com Fed #10.

Facilities will be located off lease at the Sanders Mesa Diablo #1, located in the SE/4 of Sec 35-T9S-R25E. Facilities have been constructed by Transwestern Pipeline.

There is not a meter on the MM Fed Com #10 location. There is only one well on our pipeline which is tied into TW meter on the Mesa Diablo Well. Pipeline and wells shown on plat.

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

SIGNED Paul Regardale TITLE Operations Manager DATE 10/16/89
(This space for Federal or State office use)
APPROVED BY _____ TITLE _____ DATE APPROVED PETER W. CHESTER
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

°22'30"

