

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
Artesia, NM 88210

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> | 7. UNIT AGREEMENT NAME |
| 2. NAME OF OPERATOR McClellan Oil Corp. ✓ | 8. FACT OR LEASE NAME Aciete Fed. |
| 3. ADDRESS OF OPERATOR P. O. Drawer 730, Roswell, NM 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 405 FNL & 330 FEL | 10. FIELD AND POOL, OR WILDCAT Wildcat - San Andres |
| 14. PERMIT NO. | 11. SEC., T., R., E., M., OR BLK. AND SURVEY OR AREA Sec. 35 - T9S - R25E |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3594GL | 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:

| | |
|--|---|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | MULTIPLE COMPLETION <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/> | ABANDON* <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> |
| (Other) <u>Csg.</u> | <u>X</u> |

SUBSEQUENT REPORT OF:

| | |
|--|--|
| WATER SHUT-OFF <input type="checkbox"/> | REPAIRING WELL <input type="checkbox"/> |
| FRACTURE TREATMENT <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input type="checkbox"/> |
| (Other) _____ | |

(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.) *

3-08-90 Build Location

3-13-90 Rig up & spudded well w/12 1/4" bit

3-15-90 T. D. Hole - at 950'. Ran 947' of 8 5/8 #24 csg. Cmted using Haliburton Services. with 300 sx h/lite 2% CaCl2 & 1/4 Flocele, and tailed in with 200 sx Class "C" 2% CaCl. Circulated 50 sx. W.O.C. 18 hrs.

3-16-90 Nippled up & tested to 1000 psi for 30 min. (OK) Ran 7 7/8 bit to drilling out shoe with air. Released rotary.

3-19-90 Rigging up Roy Collin's Cable Tool.

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

SIGNED Mark Lee

TITLE Drilling & Comp. Engr.

DATE 3-19-90

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

*See Instructions on Reverse Side

