

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse side)

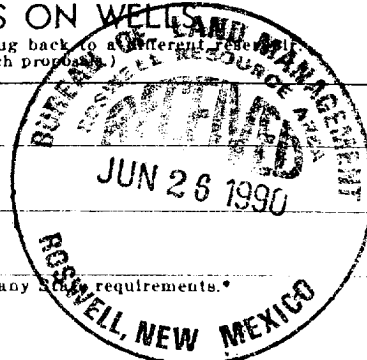
Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

9/5F

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"/>		5. LEASE DESIGNATION AND SERIAL NO. NM-055993	
2. NAME OF OPERATOR McClellan Oil Corporation		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. Drawer 730, Roswell, NM 88202		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any special requirements. See also space 17 below.) At surface 405' FNL & 330' FEL		8. FARM OR LEASE NAME Aciete Fed.	
14. PERMIT NO.		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GM, etc.) O. C. D. ARTESIA, OFFICE 3594' GL		10. FIELD AND POOL, OR WILDCAT Wildcat-San Andres	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 35 T9S-R25E	
		12. COUNTY OR PARISH Chaves	
		13. STATE NM	



AUG -1 '90

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 checked="" type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) <input type="checkbox"/>		(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.) \*

6/19/90: Plugged & Abandoned well as follows:

1. Load hole w/heavy mud.
2. Set 20 sx plug (Class "C") at 1180'
3. Set 30 sx plug (Class "C") from 980' to 887'
4. Set 60' cmt plug at surface. Installed dry hole marker. All csg. left in hole. Location has been cleared & will be cleaned & leveled as per surface abandonment stipulations.

Post ID-2  
8-17-90  
PFA

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

SIGNED <u>Michael Lee</u>	TITLE <u>Drlg. &amp; Prod. Engr.</u>	DATE <u>6/22/90</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	
CONDITIONS OF APPROVAL, IF ANY:		

\*See Instructions on Reverse Side

