

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

Form approved.
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"/>		JAN 2 1992	
2. NAME OF OPERATOR McClellan Oil Corporation		D. C. D. ARTESIA OFFICE	
3. ADDRESS OF OPERATOR P. O. Drawer 730, Roswell, New Mexico 88202-0730		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 2270' FSL & 520' FEL		8. FARM OR LEASE NAME Stevens Federal	
14. PERMIT NO. 300056286800X1		9. WELL NO. 3	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3797		10. FIELD AND POOL, OR WILDCAT Lone Wolf Devonian	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 28-13S-29E	
		12. COUNTY OR PARISH Chaves	
		13. STATE NM	

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 COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) Ran 5 1/2 17# casing and cement <input checked="" type="checkbox"/>	

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) Ran 5 1/2 17# casing and cement <input checked="" 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.)

12/06/91 Ran 237 joints of 5 1/2" 17# N-80 and J-55 casing to 9980'. DV Tool at 9303'. Cemented using Halliburton. First stage, 125 sacks of Class H, 5# KCL, .4% Hallad 22A, .3% CFR-3.

12/07/91 Second stage, 475 sacks Halliburton Lite and additives, 100 sacks Class H and additives. Plug down at 10:15 AM and release rig. Estimated top at 6600'.

No further reports until completion.

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

SIGNED

TITLE Drilling & Completion Engineer DATE 12/30/91

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

DATE

*See Instructions on Reverse Side