Form 9-331 (May 1963)	U. ZED STA DEPARTMENT OF TH GEOLOGICAL	L III LIZIO	SUBMIT IN TRI (Other instructions R verse side)	5.	LC 069817	au No. 42-R1424. AND SERVAL NO.
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.)					IF INDIAN, ALLOTTE	E OR TRIBS NAME
OIL GAS GAS OTHER 2. NAME OF OPERATOR					. UNIT AGREEMENT N.	
McClellan Oil Corporation 3. ADDRESS OF OPERATOR					Patrick Fe	deral
Post Office Box 848, Roswell, New Mexico 88201. 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.) See also space 17 below.) At surface					Double L -	Queen Asso
660' FSL & 1	L650' FWL	·	JUL 2 1976		1. SEC., T., R., M., OR SURVEY OR AREA Sec. 12-T1	BLE, AND
14. PERMIT NO.	15. ELEVATIONS (S	Show whether DF, RT 08 GR	OR. etc. C. C.		2. COUNTY OF PARISE Chaves	New Mexico
16.	Check Appropriate Box T	o Indicate Nat	ure of Notice, Repo	-	er Data	To the state of th
TEST WATER SHUT-OF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other)	PULL OR ALTER CASI MULTIPLE COMPLETE ABANDON® CHANGE PLANS		WATER SHUT-OFF FRACTURE TREATMEI SHOOTING OR ACIDIZ (Other) Shut (NOTE: Repor	in Gas	REPAIRING CAPTERING CAPTERING CAPANDONME Well multiple completion	ASING X
proposed work. If nent to this work.) This is a sh	completed operations (Clearly st well is directionally drilled, give nutin gas well. (, will be the pur l at such time as-	subsurface location Chala Cryc cchaser o	etalls, and give pertiners and measured and true ogenics, Box	nt dates, include vertical de vertical de control de co	Roswell,	te of starting any s and zones perti-
this well.				,	enpade to the state of the stat	endreiting proposits to be practives, either trespections of the first of the trespection of the care of the trespection of the
			CEIVED		House of the second of the sec	
			N 2 8 1976 OLOGIGAL SURVEY IA, NEW MEXICO		Operate successive and the Comment successive of the Comment of th	v a to ro still this is a tradition of head and tradition of the state
18. I hereby certify that	the foregoing is true and correct	TITLE Ope	erator		DATE 6/24	1/76
This space for Feder	ral or State office use) PROVAL. IF ANY:	TITLE	MEIL: MUST		DATE	
ACTION TOTAL TO	9° 0 40°	TITLE APPROVED. THER APPROVED. TO THE OF USE OF THE OF	1976 n Reverse Side			