	NH OIL CONS. COMMISSION	
Form 9-331 (May 1963) CINITED STATES DEPARTMENT OF THE IN GEOLOGICAL SURVE	Drawer DD SUBMIT IN The LICATE. THORIDA (Phier Applebions on re- verse side)	Form approved. Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO. LC-069280-A
SUNDRY NOTICES AND REPOR (Do not use this form for proposals to drill or to deepen or Use "APPLICATION FOR PERMIT—" for	RTS ON WELLS	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
1. OIL GAS WELL OTHER WIW 2. NAME OF OPERATOR	AUG 02 1985	7. UNIT AGREEMENT NAME Sulimar Queen Unit 8. FARM OR LEASE NAME
McClellan Oil Corporation		Tract 1
3. ADDRESS OF OPERATOR P.O. Drawer 730, Roswell NM 88202	ARTESIA, OFFICE	9. WELL NO. 3
 LOCATION OF WELL (Report location clearly and in accordance with See also space 17 below.) At surface 660' FNL & 2310' FWL 	n any State requirements.*	10. FIELD AND POOL, OR WILDCAT Sulimar Queen 11. SEC. T. B., M., OR BLK. AND BURYEY OR AREA
14. PERMIT NO. 15. ELEVATIONS (Show whet 3936' G		Sec. 24-T15S-R29E 12. COUNTY OF PARISH 13. STATE Chaves NM
6. Check Appropriate Box To Indice NOTICE OF INTENTION TO:	ate Nature of Notice, Report, or Of subseque	ther Data
TEST WATER SHUT-OFF PULL OR ALTER CASING FRACTURE TREAT MULTIPLE COMPLETE SHOOT OR ACIDIZE ABANDON* REPAIR WELL X (Other) CHANGE PLANS	WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZING (Other)	REPAIRING WELL
7. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all per proposed work. If well is directionally drilled give subsurface		f multiple completion on Well ion Report and Log form.)

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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.)*

Propose to repair casing collar leak by tightening casing, if possible. If not, will pull tubing and packer, locate casing leak by using a bridge plug and packer. If possible, once leak is found, we will attempt to "one inch" down braden head to cover leak. If not possible to one inch, we will squeeze leak with Class C cement, drill out squeeze and re-store injection.

Request approval for unlined disposal pit to back flow well into.

18. I hereby certify that the foregoing is true and correct SIGNED Law Kagelale TITLE Operations Man	ager 7/26/85
(This space for Federal or State office use) APPROVED BY	APPROVED PETERAW CHESTER JUL 31 1985