

Form 100-1  
November 1984  
Replaces Form 100-1

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
NM Oil Cons. Comm  
Drawer DD

SUBMIT IN PRELIMINARY  
(Other Instructions)

Project Budget No. 1001-1  
Expires August 31, 1985  
LEASE DESIGNATION AND SERIAL NO.  
NM-0458356  
IF INDIAN, ALLOTTEE OR TRIBE NAME

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. NAME OF WELL: ☐ GAS ☐ OIL ☐ OTHER Waterflood  
2. NAME OF OPERATOR  
McClellan Oil Corporation  
3. ADDRESS OF OPERATOR  
P.O. Drawer 730, Roswell, NM 88202  
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.  
See also space 17 below)  
At surface

See below

230/N 350/E

11. PERMIT NO.

12. ELEVATIONS (Show whether in ft. or m.)  
NOV -7 1986  
O. C. D.

13. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO

SUBSEQUENT REPORT OF:

WATER SHUT OFF  
FRAC TREAT  
SHOOTING OR ACIDIZING  
PLUG BACK  
OTHER

PULL OR ALTER CASING  
MULTIPLE COMPLETION  
ABANDON\*  
CHANGE PLANS

WATER SHUT OFF  
FRACTURE TREATMENT  
SHOOTING OR ACIDIZING  
OTHER

REPAIRING WELL  
ALTERING CASING  
ABANDONMENT\*  
Temporary Abandonment X

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

14. (CONSIDER FROM SURFACE OR COMPLETION 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 record points sent to this work.)

The following wells have been shut-in since June 1985. We request a one year extension of this status due to economic conditions. Both wells passed the N.M.O.C.D. annular casing survey tests.

4  
Tract 1, #1 - Unit A ✓  
Tract 1, #2 - Unit B  
4

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

SIGNED *[Signature]*  
(Leave space for Federal or State office use)

TITLE Operations Manager

DATE 10/13/86

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

SUBJECT TO LIKE  
APPROVAL BY STATE

APPROVED FOR 12 MONTH PERIOD  
ENDING NOV 4 1987  
\*See Instructions on Reverse Side

Print name of person making statement at a time for any person knowingly and willfully to make a false statement or representation as to any matter.