

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
SUNDRY NOTICES AND REPORTS ON WELLS

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

5. LEASE DESIGNATION AND SERIAL NO.

LC-069817

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Patrick Federal

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

Double L Queen Assoc.

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 12-T15S-R29E

12. COUNTY OR PARISH

Chaves

13. STATE

N.M.

1. OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

McClellan Oil Corporation

APR 04 '88

3. ADDRESS OF OPERATOR

P.O. Drawer 730, Roswell, N.M. 88202

O. C. D.

ARTESIA OFFICE

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface

1980 FSL & 1650 FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3916 G.L.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.)*

3/24 Pursuant to phone conversation w/Peter Chester we propose to:

- (1) Kill well, Run tubing w/bit & scraper inside casing.
- (2) Drill out salt plugs from 1950 to 1976.
- (3) Circulate hole w/water.
- (4) Run packer to \pm 1920 feet. Load tubing-casing annulus. Test Casing Annulus to 500 psi. (Note: BLM will be notified 24 hrs. in advance).
- (5) Reacidize perms w/500 gals 15% MCA acid.
- (6) Put on pump to pump back load water.

RECEIVED
MAR 25 8 35 AM '88
BUREAU OF LAND MGT
ROSWELL RESOURCE AREA

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

SIGNED

Paul E. Sargent

TITLE

Operations Manager

DATE

3/24/88

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED
DATE
PETER W. CHESTER

MAR 29 1988

BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA

*See Instructions on Reverse Side