

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
Artesia, New Mexico  
DRAWER DD  
SUBMIT 1988  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 1004-011  
Expires August 31, 1985  
5. LEASE DESIGNATION AND SERIAL NO.  
NM-35362 RECEIVED  
6. 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. OIL WELL  GAS WELL  OTHER

2. NAME OF OPERATOR  
McClellan Oil Corporation ✓

3. ADDRESS OF OPERATOR  
P.O. Box 730, Roswell, N.M. 88202

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)  
At surface  
1980 FNL & 660 FEL

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GK, etc.)  
3463 G.L.

7. UNIT AGREEMENT NAME  
DEC 30 '88

8. FARM OR LEASE NAME  
O. C. D. L.A. FED. ARTESIA, OFFICE

9. WELL NO.  
L.A. Fed. 1

10. FIELD AND POOL, OR WILDCAT  
WILDCAT QUEEN

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 30-T15S-R27E

12. COUNTY OR PARISH 13. STATE  
Chaves NM

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input checked="" type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <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.)

12/22 Moved in dirt contractor and built location

Request change in casing program to:

Size of Hole	Size of Casing	Wt/Ft	Setting Depth	Quantity of Cement
12 1/4"	9 5/8"	24	40	Set - None*
7 7/8"	4 1/2"	10.5	530	150 sx-Circulate

Mud Program & BOP Program will remain the same.

Proposed Spud Date: 12/30/88

\*We propose that if the test in the Queen is unsuccessful to repermit the location for a deeper test to the Strawn Formation. If we cement the surface pipe we would be unable to reuse the existing hole since it will be necessary to run ± 1800 feet of 8 5/8" casing. In the interim period between the present drilling and any future reentry the hole would be plugged adequately.

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

SIGNED Paul Ragdale TITLE Operations Manager DATE 12/27/88

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

APPROVED  
DATE  
PETER W. CHESTER  
DEC 29 1988  
BUREAU OF LAND MANAGEMENT  
ROSWELL RESOURCE AREA

\*See Instructions on Reverse Side