

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease 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 -" FORM C-101 FOR SUCH PROPOSALS.)

1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- Dry (Old well re-entered)		7. Unit Agreement Name
2. Name of Operator McClellan Oil Corporation		8. Farm or Lease Name Preston
3. Address of Operator P. O. Drawer 730, Roswell, New Mexico 88201		9. Well No. 1
4. Location of Well B 660 FEET FROM THE North LINE A 1980 FEET FROM East LINE, SECTION 25 TOWNSHIP 8-S RANGE 35-E NMPM.		10. Field and Pool, or Wildcat Undesignated
15. Elevation (Show whether DF, RT, GR, etc.) 4147.2' G.L.		12. County Roosevelt

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input checked="" type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPERATIONS <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1109.

7/03/80: Pursuant to verbal instruction, will P & A as follows:

100' cement plug @ cleaned out TD of 1230'
100' cement plug in and out of casing shoe @ 415'
10 sx plug @ surface
Install dry hole marker and restore surface.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNED <u>Sam L. McClellan</u>	TITLE <u>Operator</u>	DATE <u>7/03/80</u>	
APPROVED BY <u>[Signature]</u>	TITLE <u></u>	DATE <u>JUL 7 1980</u>	
CONDITIONS OF APPROVAL, IF ANY:			