

UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-069280-B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Sulimar Queen Unit

8. FARM OR LEASE NAME

Tract II Lisa B. Fed

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

Sulimar Queen

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

Sec. 18-T15S-R30E

12. COUNTY OR PARISH

Chaves

13. STATE

NM

1. OIL WELL ☐ GAS WELL ☐ OTHER WIW

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

660' FSL & 660' FWL

14. PERMIT NO.

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

3948' G.L.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

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☒

PULL OR ALTER CASING

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☐
☐
☐

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐
☐
☐

REPAIRING WELL

☐
☐
☐

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other)

(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.) *

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

Paul Ragsdale

TITLE

Operations Manager

DATE 7/26/85

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

SUBJECT TO LIKE
APPROVAL BY STATE

*See Instructions on Reverse Side

APPROVED
PETER W. CHESTER
DATE

JUL 31 1985

BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA

RECEIVED

AUG - 5 1985

~~HANSEN~~