

UNITED STATES

DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil ☐ gas ☒ other ☐

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. See space 17 below.)

AT SURFACE: 1980' FSL & 660' FEL

AT TOP PROD. INTERVAL:

AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

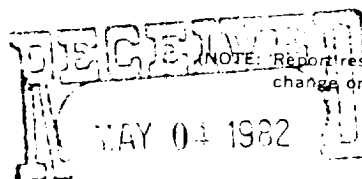
REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐

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(other) Plug & Abandon



(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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 plug and abandon this hole as follows:

Pull 4½" casing at free point

Set 100' cement plug from 2130'-2230' across present perforations. *Tag plug*

* 100' cement plug in and out of stub of 4½" casing.

20 100' cement plug from 438'-538' in and out of 8-5/8" casing. *Tag plug*

20 100' cement plug at surface. Heavy mud between each plug.

Place dry hole marker and restore surface to original condition as near as possible.

* If 4½" casing cut off is below 1465' an additional 100' cement plug will be needed from 1290' to 1390' to isolate salt base.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Mark McClellan

TITLE Geologist

DATE 5-2-82

APPROVED BY (Off. Sig.) PETER W. CHESTER

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

MAY 5 1982

FOR

JAMES A. GILLHAM
DISTRICT SUPERVISOR

*See Instructions on Reverse Side

5. LEASE

NM-0554965

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

RECEIVED

7. UNIT AGREEMENT NAME

MAY - 7 1982

8. FARM OR LEASE NAME

Federal I

9. WELL NO.

1

O. C. D.

ARTESIA, OFFICE

10. FIELD OR WILDCAT NAME

Wildcat

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

Sec. 8-T15S-R30E

12. COUNTY OR PARISH

Chaves

13. STATE

New Mexico

14. API NO.

30-005-20429

15. ELEVATIONS (SHOW DF, KDB, AND WD)

4012' GL

RECEIVED
MAY 8 1982
O.C.D.
HOBBS OFFICE