

UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

N. M. O. C. COPY
SUBMIT IN TRIPLY
(Other instructions
verse side)

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Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.
NM 0554966

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Federal 17

9. WELL NO.
1

10. FIELD AND POOL, OR WILDCAT
Wildcat

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

Sec. 17, T15S, R30E

12. COUNTY OR PARISH
Chaves

13. STATE
New Mexico

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 848, Roswell, New Mexico 88201

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

14. PERMIT NO.

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

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

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) Re-perforating & re-treat

(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.)*

12/6/74: Squeezed existing perfs 2114-24 w/150 sx. - held.
Drilled out cement to 2242'. Re-Perforated with csg. gun.
2 shots/ft. 2214-2224, 2230-2239. Acidized w/2000 gals.
Went on vacuum. Testing. Will run 4-point back pressure
test & file completion form.

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

SIGNED

TITLE Operator

DATE 3/18/75

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED
MAR 25 1975
U. L. BEEKMAN
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side

RECEIVED

APR 1 1975

U.S. CONSERVATION COMMISSION
WASH. D. C.

RECEIVED

MAR 26 1975

D. C. C.
ARTESIA, OFFICE