

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

N. M. OIL CONS. COMMISSION  
P. O. BOX 1930  
HOBBS, NEW MEXICO 88240

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

**SUNDRY NOTICES AND REPORTS ON WELLS**

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals

**SUBMIT IN TRIPLICATE**

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

McClellan Oil Corporation

3. Address and Telephone No.

P.O. Drawer 730, Roswell, New Mexico, 88202-0730 (505) 622-3200

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1980' FNL & 660' FEL of Sec. 27-T15S-R30E

5. Lease Designation and Serial No.

NM-19611

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

CA No. NM-84645

8. Well Name and No.

McClellan "A" Fed. Com. #

9. API Well No.

30-005-20906

10. Field and Pool, or Exploratory Area

Cedar Point Abo Gas

11. County or Parish, State

Chaves County, N.M.

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☒ Notice of Intent  
☐ Subsequent Report  
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment  
☒ Recompletion  
☒ Plugging Back  
☐ Casing Repair  
☐ Altering Casing  
☐ Other

- ☐ Change of Plans  
☐ New Construction  
☐ Non-Routine Fracturing  
☐ Water Shut-Off  
☐ Conversion to Injection  
☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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 re-complete the McClellan "A" Fed. Com. #2 to the lower Abo from perforations 8100'-8110' as follows:

1. Set 5½" CIBP @ ± 8145' over existing perforations located from 8161' to 8167'.
2. Perforate from 8100' to 8110' with 1 shot every 2 feet.
3. Acidize perforations with 1500 gals. 20% HCL.
4. Flow and swab test well for commercial production.

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

Signed Mark M. McClellan

Title President

(This space for Federal or State office use)

Approved by

Conditions of approval, if any:

Title

