

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 well ☒ gas well ☐ other ☐

2. NAME OF OPERATOR
McClellan Oil Corporation

3. ADDRESS OF OPERATOR
P.O. Drawer 730, Roswell, N.M. 88202

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1980' FNL & 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 <input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE <input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES <input type="checkbox"/>	<input type="checkbox"/>
ABANDON* <input type="checkbox"/>	<input type="checkbox"/>
(other) Casing and cement <input checked="" type="checkbox"/>	<input checked="" 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. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

1-23-84: Drilled to 3300' with 12-1/4" bit. Ran 3299' (1200' 32 lb/ft & 2099' 24 lb/ft) 8-5/8" new casing. Cemented with 1050 sx Haliburton light with 15 lb/sx salt, 1/4 lb/sx flocele and 200 sx Class "C" with 2% CaCl2. Circulated 250 sx. WOC - 18 hours, nipple up well head. Tested BOP's & wellhead to 3000 psi. Drill out with 7-7/8" bit.

Subsurface Safety Valve: Manu. and Type _____

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

SIGNED Peter W. Roster TITLE Operations Manager DATE February 8, 1984

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

PETER W. ROSTER

MAY 16 1984

5. LEASE
NM-19611

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
McClellan "A" Fed.

9. WELL NO.
2

10. FIELD OR WILDCAT NAME
Wildcat

11. SEC., T., R., M. OR BLK. AND SURVEY OR AREA
Sec. 27-T15S-R30E

12. COUNTY OR PARISH
Chaves

13. STATE
N.M.

14. API NO.

15. ELEVATIONS (SHOW DE KDB AND WD)
4078' G.L.

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

RECEIVED
FEB 13 1984
BUREAU OF LAND MANAGEMENT
ROS, ALBUQUERQUE, NM

~~RECEIVED~~
MAY 21 1984
O.C.D.
MOBBS OFFICE

RECEIVED BY
MAY 17 1984
O. C. D.
ARTESIA, OFFICE