

RECEIVED BY

AUG 01 1985

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

O. C. D.
ARTESIA, OFFICE

SUNDRY NOTICES AND REPORTS ON WELLS

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 Dry Hole

2. NAME OF OPERATOR
McClellan Oil Corporation

3. ADDRESS OF OPERATOR
P.O. Drawer 730, Roswell, NM 88201

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1450' FSL & 150' FWL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

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

REQUEST FOR APPROVAL TO:

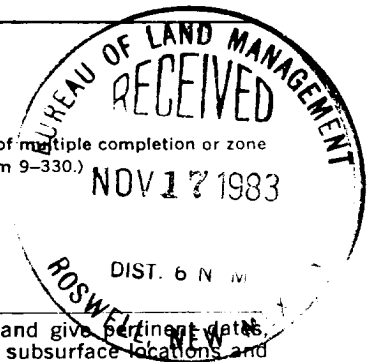
TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other)

SUBSEQUENT REPORT OF:

☐
☐
☐
☐
☐
☐
☐
☒

5. LEASE
LC-069280-B
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
Sulimar Queen Unit
8. FARM OR LEASE NAME
Tract II
9. WELL NO.
8
10. FIELD OR WILDCAT NAME
Sulimar Queen
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 18-T15S-R30E
12. COUNTY OR PARISH
Chaves
13. STATE
NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3961' G.L.

(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.)*

11/9/83: Plugged and Abandoned referenced well as follows: Loaded hole with Salt Gel. Set 50 sx Class "C" plug at 2700'. Set 100 sx plug from 383'-483' in and out of 8-5/8" shoe. Set 50', 10 sx plug at surface. Installed dry hole marker. Will clean and level location after pits dry.

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

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

SIGNED Paul R. Kaye TITLE Operations Manager DATE 11/16/83

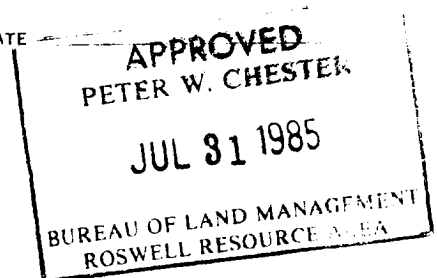
(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side



RECEIVED

AUG - 5 1985

100-100000