

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE
(Other instructions on
reverse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM ~~9025~~ 9027

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

HOPE FEDERAL

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

WILDCAT

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

Sec. 17, T-15-S, R-30-E

12. COUNTY OR PARISH

CHAVES

13. STATE

NEW MEXICO

1. OIL ☐ WELL GAS ☐ WELL OTHER ☒ DRY HOLE

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

1980 FSL & 1980 FWL

14. PERMIT NO.

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

4034

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

NOTICE OF INTENTION TO:

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

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐(Other) ☐REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT* ☒(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.)*

1/04/73 PUMPED WELL FOR 30 DAYS. PUMPED 14 BBLs. WATER,
NO OIL, SLIGHT SHOW OF GAS.
WITH TUBING, SET 100' CEMENT PLUG (50 SX) 2160 - 2060.
FILLED CASING W/MUD AND SET 10 SX PLUG @ SURFACE.
SET MARKER. WILL FILL PITS AND CLEAN LOCATION.

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

SIGNED

J. L. McClellan

TITLE

OPERATOR

DATE

JANUARY 20, 1973

(This space for Federal or State office use)

TITLE

DATE

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

OCT 2 - 1973
H. L. BEEKMAN

ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side

RECEIVED

OCT 3 1975

D.C.C.
ARTEBIA, OFFICE

10/3/75

10/3/75

10/3/75