

UNITED STATES DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

N. M. & C. COPY  
SUBMIT IN TRIPLICATE  
(Other instructions on  
reverse side)

Form approved.  
Budget Bureau No. 42-R1424.

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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> DRY HOLE		5. LEASE DESIGNATION AND SERIAL NO. NM 9025	
2. NAME OF OPERATOR McCLELLAN OIL CORPORATION		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 848, ROSWELL, NEW MEXICO		7. UNIT AGREEMENT NAME	
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		8. FARM OR LEASE NAME HOPE FEDERAL	
14. PERMIT NO.		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4034'		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	

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input checked="" type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input checked="" type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		

(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: *Propose to plug*  
WITH TUBING, SET 100' CEMENT PLUG (50 SX) 2160-2060'.  
FILL CASING WITH MUD AND SET 10 SX PLUG @ SURFACE.  
SET MARKER. FILL PITS AND CLEAN LOCATION.

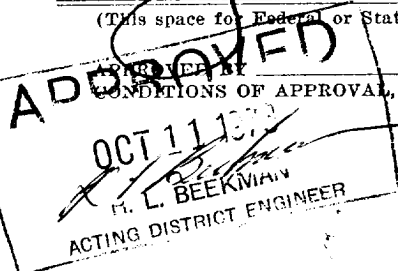
18. I hereby certify that the foregoing is true and correct

SIGNED Jae L. McClellan TITLE OPERATOR DATE 10/09/73

(This space for Federal or State office use)

TITLE DATE

CONDITIONS OF APPROVAL, IF ANY:



\*See Instructions on Reverse Side

RECEIVED  
OCT 10 1973  
U. S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICO