Form 9-331 (May 1963)

UNIT STATES SUBMIT IN TRIPLIC Other instructions of the INTERIOR verse side)

Form approved.

Budget Bureau No. 42-R1424.

LEASE DESIGNATION AND SERIAL NO.

GEOLOGICAL SURVEY	NM 9025
SUNDRY NOTICES AND REPORTS ON WELL (Do not use this form for proposals to drill or to deepen or plug back to a differ Use "APPLICATION FOR PERMIT—" for such proposals.)	
OIL GAS GAS WELL OTHER RECE 2. NAME OF OPERATOR	7. UNIT AGREEMENT NAME 8. FARM OR LEASE NAME
McCLELLAN OIL CORPORATION DEC 1	3 1972 HOPE FEDERAL
3. ADDRESS OF OPERATOR	9. WELL NO.
P. O. Box 848, Roswell, New Mexico & A. Location of well (Report location clearly and in accordance with any State requires	10, FIELD AND POOL, OR WILDCAT
See also space 17 below.) At surface ADTERNA	WILDCAT
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
1980 FSL & 1980 FWL	Sec. 17. T. IE. C. D. 20.
14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OF PARISH 13. STATE
4034 GR.	CHAVES NEW MEXIC
16. Check Appropriate Box To Indicate Nature of No.	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF PULL OR ALTER CASING WATER	SHUT-OFF REPAIRING WELL
FRACTURE TREAT MULTIPLE COMPLETE FRACTU	JRE TREATMENT X ALTERING CASING
SHOOT OR ACIDIZE ABANDON* SHOOT	ING OR ACIDIZING X ABANDONMENT*
BEPAIR WELL CHANGE PLANS (Other	
	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 proposed work. If well is directionally drilled, give subsurface locations and measurent to this work.) ON 10-19-72, PERFORATED 4111 LINER 356	그 그 그 그 그 그 그 그
3590. (ALL MEASUREMENTS 12' ABOVE G.	
MUD ACID. SWABBED DRY. SET BRIDGE P	
ON TOP. PERFORATED 3484 - 94. ACIDI	
SWABBED WATER. SET BRIDGE PLUG @ 291	O. PLUG BACK TO 2760 W/GRAVEL
AND 10 SX CEMENT. PERF 2176 - 2186.	ACIDIZED W/250 GALLONS MUD
ACID. FRACED W/20,000 GALLONS TREATE	D WATER AND 30,000 LBS. SAND.
RECOVERED LOAD WATER. INSTALLED PUMP	
WATER W/SHOW OF GAS. TESTING.	DEC- 81972
	JEU- 019/4
18. I hereby certify that the foregoing is true and correct	A 2 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
SIGNED TITLE OPERATO	DATE 12-06-72
(This space for liferal dr State office use)	7.4
PARTIED BY TITLE TITLE	DATE

*See Instructions on Reverse Side