

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. TYPE OF WORK DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/>			5. LEASE DESIGNATION AND SERIAL NO. LC 069280-B
b. TYPE OF WELL OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> SINGLE ZONE <input type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>			6. IF INDIAN, ALLOTTEE OR TRIBE NAME
2. NAME OF OPERATOR Jack L. McClellan			7. UNIT AGREEMENT NAME
3. ADDRESS OF OPERATOR P. O. Box 848, Roswell, New Mexico			8. FARM OR LEASE NAME Lisa Federal
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)* At surface 660' FM & WL At proposed prod. zone			9. WELL NO. 1
14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE* 14 miles North of Loco Hills			10. FIELD AND POOL, OR WILDCAT Wildcat
15. DISTANCE FROM PROPOSED* LOCATION TO NEAREST PROPERTY OR LEASE LINE, FT. (Also to nearest drilg. line, if any) 660'			11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 13-T15S-R29E
16. NO. OF ACRES IN LEASE 2,572.50			12. COUNTY OR PARISH Chaves
17. NO. OF ACRES ASSIGNED TO THIS WELL 40			13. STATE N. M.
18. DISTANCE FROM PROPOSED LOCATION* TO NEAREST WELL, DRILLING, COMPLETED, OR APPLIED FOR, ON THIS LEASE, FT. 1 mile			19. PROPOSED DEPTH 2850'
20. ROTARY OR CABLE TOOLS Cable Tools			21. APPROX. DATE WORK WILL START* November 15, 1965
21. ELEVATIONS (Show whether DF, RT, GR, etc.) 3912 G. L. 3914 D. F.			
23. PROPOSED CASING AND CEMENTING PROGRAM			

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
12-3/4	8-5/8	23 lb.	250'	50 sx
8	5-1/2	15 lb.	2850'	100 sx

Propose to drill well with cable tools to the top of the San Andres formation.

Will run all necessary pipe to shut off water by mudding in.

Cortez Drilling Company, P. O. Box 584, Artesia, New Mexico, will be the contractor.

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IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: If proposal is to deepen or plug back, give data on present productive zone and proposed new productive zone. If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true vertical depths. Give blowout preventer program, if any.

24. SIGNED <u>Jack L. McClellan</u>	TITLE <u>Operator</u>	DATE <u>November 4, 1965</u>
(This space for Federal or State office use)		
PERMIT NO. _____	APPROVAL DATE _____	

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY: _____

SUBJECT TO: Using sufficient cement on the 5 1/2-inch casing to come at least 100 feet above the top of the Queen formation.

*See Instructions On Reverse Side

WELL LOCATION AND ACREAGE DEDICATION PLAT

Department 6-126
Effective 1-1-65

All distances must be from the outer boundaries of the Section.

Operator Jack L. McClellan			Lease Lisa Federal			Well No. 1		
Unit Letter D	Section 13	Township 15 South		Range 29 East	County Chaves			
Actual Footage Location of Well: 660 feet from the North line and 660 feet from the West line								
Ground Level Elev: 3912		Producing Formation San Andres			Pool Wildcat		Dedicated Acreage: 40 Acres	

1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☐ Yes ☐ No If answer is "yes," type of consolidation _____

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

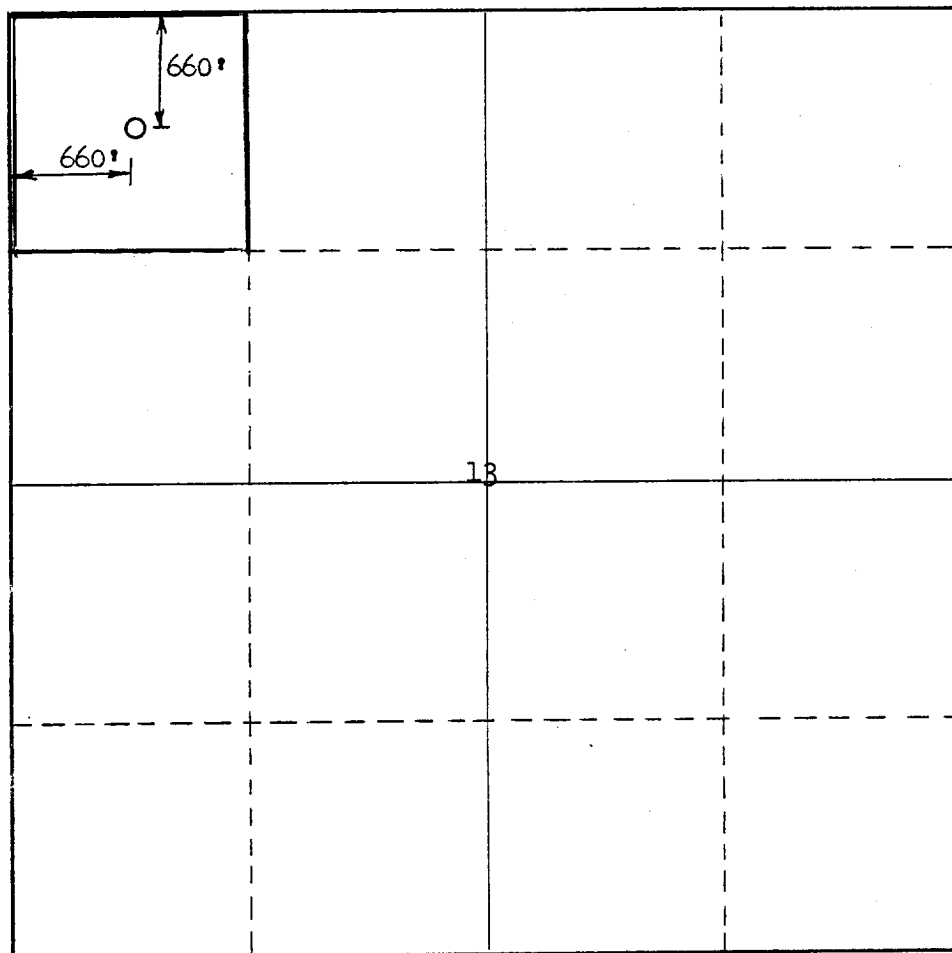
No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.

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D. C. C.

ARTERIA OFFICE



CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Name Jack L. McClellan
Position Owner
Company Jack L. McClellan
Date 10-20-65

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed 10-14-65

Registered Professional Engineer
and/or Land Surveyor

Certificate No.

2787