

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TR
(Other instructi
verse side)

DATE
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Copy to > r
Form approved.
Budget Bureau No. 42-B1424.

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 checked="" type="checkbox"/> OTHER <input type="checkbox"/> Temporarily Abandoned | | 5. LEASE DESIGNATION AND SERIAL NO. LC 069280-B |
| 2. NAME OF OPERATOR Jack L. McClellan | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME |
| 3. ADDRESS OF OPERATOR Box 858 Roswell N.M. 88210 | | 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 660' FN & FW | | 8. FARM OR LEASE NAME "B" Lisa Federal |
| 14. PERMIT NO. | | 9. WELL NO. 1 |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 39;2' G.L. | | 10. FIELD AND POOL, OR WILDCAT Summer Queen |
| | | 11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA Sec. 13-T15S-29E |
| | | 12. COUNTY OR PARISH Chaves |
| | | 13. STATE N.M. |

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 type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/> | ABANDON* <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANS <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 type="checkbox"/> |
| SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input type="checkbox"/> |
| (Other) <input type="checkbox"/> | |

(Other) **Cementing behind production Csg.**

(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.)*

Run 1" Tbg to appx 500' between 5 1/2" production Casing and 12 1/4" hole and spot 50 sx reg. Cement.

Denton Oil Well Cementing Company will perform the work detailed above.

RECEIVED

JAN 14 1970

G. E. C.
ARTESIA, OFFICE

RECEIVED
JAN 13 1970
U. S. GEOLOGICAL SURVEY
ARTESIA

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

SIGNED *Gene Milford* TITLE Prod. Supt.

DATE 1-12-70

(This space for Federal or State use only)

APPROVED BY *R. L. BEEKMA*
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side

NOTIFY USGS IN SUFFICIENT TIME TO
WITNESS DEPOSITING THIS
CASING