

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TR
(Other instructi
verse side)

DATE

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 checked="" type="checkbox"/> OTHER	5. LEASE DESIGNATION AND SERIAL NO. NM 17114
2. NAME OF OPERATOR McClellan Oil Corporation	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR Post Office Box 848, Roswell, New Mexico 88201	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 & WL	8. FARM OR LEASE NAME Lisa "B" Federal
	9. WELL NO. 1
	10. FIELD AND POOL, OR WILDCAT Double L-Queen Assoc.
	11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA Sec. 13-T15S-R29E
14. PERMIT NO.	12. COUNTY OR PARISH Chaves
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3912' GR	13. STATE New Mexico

RECEIVED
JUL 2 1976O.C.C.
ARTESIA, OFFICE

18. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data			
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Shutin Gas Well	(Other) <input checked="" 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.) *

This is a shutin gas well. Chala Cryogenics, Box 6697, Roswell, New Mexico, 88201, will be the purchaser of the high nitrogen gas produced by this well at such time as a compressor is installed in the area of this well.

RECEIVED

JUN 28 1976

U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED

J. L. McClellan

TITLE

Operator

DATE

6/24/76

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

UNLESS FURTHER APPROVED, WELL MUST
BE PUT TO DRY OR PLUGGED BY
APRIL 1 1976
See Instructions on Reverse Side