Form (May	

L TED STATES SUBMIT IN TR CATE* DEPARTMENT OF THE INTERIOR (Other instruction) on re-GEOLOGICAL SURVEY

approved. t Bureau No. 42–R1424. 5. LEASE DESIGNATION AND SERIAL NO.

LC 069280-A

SUNDRY	NOTICES	AND	REPORTS	ON	WELLS

NOTICE OF INTENTION TO:

6.	IF	INDIAN,	ALLOTTER	OB.	TRIBE	MAME

	proposals to drill or to deepen or plug back to a different reservoir. PLICATION FOR PERMIT—" for such proposals.)		•
1.		7. UNIT AGREEMENT NA	MB
WELL GAS GAS OTH	Temporarily Abandoned	التيليل	,
2. NAME OF OPERATOR Jack L. McCle	llan	8. FARM OR LEASE NAI	· Land
3. ADDRESS OF OPERATOR		9. WELL NO.	- TA
Box 858 Roswell	ll N.M. 88210	1	
	tion clearly and in accordance with any State requirements.*	10. FIELD AND BOOL, O Statement	ueen
1980 • FSL and	FWL	11. SEC., T., R., M., OR I SURVEY OR AREA Sec. 13-T1	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISH	13. STATE
	3912 ° G.L.	Chaves	N.M.
16. Check	Appropriate Box To Indicate Nature of Notice, Report,		

TEST WATER SHUT-OFF PULL OR ALTER CASING WATER SHUT-OFF REPAIRING WELL	
	[_
FRACTURE TREAT MULTIPLE COMPLETE FRACTURE TREATMENT ALTERING CASING	-
SHOOT OR ACIDIZE ABANDON* SHOOTING OR ACIDIZING ABANDONMENT*	_
REPAIR WELL CHANGE PLANS (Other)	-L
(Other) Cement behind Production Casing (Note: Report results of multiple completion on We Completion or Recompletion Report and Log form.)	11

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 sones 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 U. S. GEOLOGICAL SERVICES

		Di.	•
8. I hereby certify that the seregoing is true and correct SIGNED	t TITLE Production	Supt.	DATE 1-12-70
(This space for Federal or State of the)			
CONDITIONS OF APPROVAL, OF ANY:	TITLE		DATE
A	See Instructions on Reverse Si	de ROTIFY US	GS IN SUFFICIENT TIME TO CASING.