(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR (See other instructions on reverse side)
GEOLOGICAL SURVEY

5. LEASE DESIGNATION AND SERIAL NO.
LC 059280-B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
LISA "B" FEDERAL

9. WELL NO.
2

10. FIELD AND POOL, OR WILDCAT
SULTAR QUEEN

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
SEC. 3-T.-18-R-24

12. COUNTY OR PARISH
GRAVES

13. STATE
NEW MEXICO

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 [XX] GAS WELL [ ] OTHER

2. NAME OF OPERATOR
JACK L. McCLELLAN

3. ADDRESS OF OPERATOR
Box 848, ROSWELL, NEW MEXICO, 88201

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface
660' FS & WL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
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*	[XX]
REPAIR WELL	[ ]	CHANGE PLANS	[ ]	(Other) SETTING CASING			
(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 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.)*

REACHED A TOTAL DEPTH OF 2155 ON DECEMBER 27, 1963. RAN USED 0-55, 24 LB., 7" CASING TO TOTAL DEPTH. CEMENTED WITH 50 SACKS.

HALLIBURTON PERFORMED THE WORK.

Top of Shallow Stringer

WELL WILL NOT BE COMPLETED AT THIS TIME DUE TO PRESENCE OF WATER AND THE DIFFICULTY OF DISPOSING OF SAME.

RECEIVED

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

SIGNED [signature] TITLE OPERATOR DATE 1/6/69

(This space for Federal or State office use)

APPROVED BY TITLE DATE

CONDITIONS OF APPROVAL, IF ANY:

R. L. BEEKMAN

*See Instructions on Reverse Side