(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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.)

5. LEASE DESIGNATION AND SERIAL NO.: LC 069283-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: SQUAW QUEEN

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: SEC. 18-T. 8S-R. 32E

12. COUNTY OR PARISH: CHAVES

13. STATE: NEW MEX. CO

OIL WELL ☒ GAS WELL ☐ OTHER

2. NAME OF OPERATOR: JACK L. McCELLAN

3. ADDRESS OF OPERATOR: BOX 348, 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.): 3948' G. L.

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	XX	MULTIPLE COMPLETE		FRACTURE TREATMENT		ALTERING CASING	
SHOOT OR ACIDIZE		ABANDON*		SHOOTING OR ACIDIZING		ABANDONMENT*	
REPAIR WELL		CHANGE PLANS		(Other)			
(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.)*

THIS WELL WILL BE PERFORATED AND A SMALL FRACTURE TREATMENT ADMINISTERED IN ORDER TO PRODUCE OIL TO THE EXCLUSION OF THE WATER.

18. I hereby certify that the foregoing is true and correct
SIGNED: Louise Singleton TITLE: SECRETARY DATE: 2/7/63

(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