

N. M. O. C. C. COPY
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE
(Other instructions on
reverse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 0199827-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

SUE FEDERAL

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

WILDCAT

11. SEC., T. R., M., OR BLK. AND
SURVEY OR AREA

SEC. 6-T15S-R30E

12. COUNTY OR PARISH
CHAVES13. STATE
N. M.1. OIL WELL ☒ 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' FSL & 1650' FWL

14. PERMIT NO.

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

3899' G. L.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐(Other) ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON* ☐CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐(Other) ☐SURFACE CASING ☒REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT* ☐(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.)*

ON AUGUST 8, 1969, RAN 363' OF USED, J-55, 24 LB., 8-5/8" CASING,
CEMENTED WITH 50 SACKS.

DENTON OIL WELL CEMENTING COMPANY PERFORMED THE WORK.

CORTEZ DRILLING COMPANY, Box 848, ROSWELL, NEW MEXICO IS THE DRILLING
CONTRACTOR.

RECEIVED

AUG 19 1969

O. C. C.
ARTESIA, OFFICERECEIVED
AUG 14 1969
U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED

TITLE

OPERATOR

DATE AUGUST 13, 1969

(This space for Federal or State only)

DISTRICT ENGINEER

APPROVED BY

TITLE

DATE AUG 14 1969

CONDITIONS OF APPROVAL, IF ANY: