N. M. O. C. C. COPY

Form 9-331
(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLI
(Other instructions
verse side)

Form approved.
Budget Bureau No. 42-R1425

5. LEASE DESIGNATION AND SERIAL NO.
NM 0199070-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 [X]   GAS WELL [ ]   OTHER

2. NAME OF OPERATOR
JACK L. MCCLELLAN

3. ADDRESS OF OPERATOR
P. O. 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

330' SL & 2310' FEL

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
ELYSE FEDERAL

9. WELL NO.
1

10. FIELD AND POOL, OR WILDCAT
UNDESIGNATED

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
SEC. 31-T14S-R30E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3884' G. L.

12. COUNTY OR PARISH | 13. STATE
CHAVES | NEW MEXIC

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

NOTICE OF INTENTION TO:

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

SUBSEQUENT REPORT OF:

WATER SHUT-OFF		REPAIRING WELL
FRACTURE TREATMENT		ALTERING CASING
SHOOTING OR ACIDIZING		ABANDONMENT*
(Other) 8-5/8" CASING		XX

(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.)*

JANUARY 31, 1970: DRILLED TO 446 FEET. RAN 442'50' OF USED, J-55, 23#,

8-5/8" CASING, CEMENTED WITH 50 SACKS.

DENTON OIL WELL CEMENTING COMPANY PERFORMED THE CEMENT WORK.

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

SIGNED _Jack J. McClellan_   TITLE OPERATOR   DATE FEB. 2, 1970

(This space for Federal or State o_____)

APPROVED BY _____   TITLE _____   DATE _____
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD PURPOSES

1970

*See Instructions on Reverse Side