

N. M. O. C. C. COPY

Form 9-331
(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLE
(Other Instructions
verse side)

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Form approved.

Budget Bureau No. 42-R1474

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 ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Jack L. McClellan

3. ADDRESS OF OPERATOR

P.O. Box 848, Roswell N.M. 88201

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)

At surface

330' FSL & 2310' FEL

14. PERMIT NO.

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

3884' G.L.

7. UNIT AGREEMENT NAME

Elyse Federal

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

12. COUNTY OR PARISH

Chaves

13. STATE

N.M.

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)

FULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) 5 1/2" Long String

(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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.)*

T.D. 2015', set 2011.05' 5 1/2" 14# J-55 Used Casing at 2012'. Cemented with 150 Sacks 50/50 Poz Mix Cement, 2% Gel and 8# salt/sack. Pumped plug down with 200 Gals 10% inhibited acid. Plug Down at 4:15 P.M.. 2-22-70, checked float collar, held O.K.

Halliburton Cementing performed the above operation.

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

SIGNED

Gene Milford

TITLE Prod. Supt.

DATE 2-23-70

(This space for Federal or State use only)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD PURPOSES
FEB 24 1970
ACTING District Engineer

*See Instructions on Reverse Side