		N. M. (0. C. C	COPY		•	
Form 9-331 (May 1963)	DEPART	UN. ID STAT MENT OF THE	TES E INTER	SUBMIT IN TRIPI		Form approv- Budget Burg 5. LEASE DESIGNATION	u No. 42-R
SUN (Do not use thi	NDRY NOT	SEOLOGICAL SI ICES AND RE Sals to drill or to dee VIION FOR PERMIT-	PORTS (DN WELLS back to a different reservoi	r.	6. IF INDIAN, ALLOTTE	COR TRIBE N
OIL GAS WELL X WELL	OTHER					7. UNIT AGREEMENT NA	ME
2. NAME OF OPERATOR						8. FARM OR LEASE NAME	
Jack L. McClellan 3. Address of Operator						Mary Jane Federal 9. WELL NO.	
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						10. FIELD AND POOL, OR WILDCAT	
					-	Sulimar 11. SEC., T., B., M., OR B SURVEY OR AREA	LK, AND
2310' FSL & 330' FWL						Sec. 7-155	-30E
14. PERMIT NO.		15. ELEVATIONS (Sho 3908		, RT, GR, etc.)		12. COUNTY OR PARISH	
в.	Check An			lature of Notice, Repo	<u>_</u>	her Data	L
	NOTICE OF INTEN			I		NT REPORT OF:	
TEST WATER SHUT-(FRACTURE TREAT	·	PULL OR ALTER CASING		WATER SHUT-OFF FRACTURE TREATMEN	× r	REPAIRING W Altering Ca	
SHOOT OR ACIDIZE REPAIR WELL (Other)		ABANDON [®] Change plans		(NOTE: Report	produc	ABANDONMEN tion casing f multiple completion of fon Report and Log for	N Well
7. DESCRIBE PROPOSED O proposed work. I: nent to this work.)	R COMPLETED OPER f well is direction	RATIONS (Clearly state nally drilled, give sul	all pertinen surface locat	t details, and give pertiner tions and measured and tru	nt dates, in e vertical	ncluding estimated date depths for all markers	of starting
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						이 한 한 한 한 것 	
On Octobe	er 31, 1970), reached a	total de	epth of 1999', h	aving	encountered oi	1
at 1994',	. Set used	1 J-55, 141b.	5 1/2"	casing at 1988'	. Cem	ented with 150	sx.
(Open hole completion).					•		
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						S. BITLER BUT BUT	4. S.
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					·		
		true and correct,	/	Operator		DATE 11/2	/70
3. I hereby correctly that SIGNED	L. M	r Olellers	TLE				//0
	L. M	- Olellers	ftle				770
SIGNED . Jack (This made for Fede	ral or State city	T	ITLE		•	DATE	//0
SIGNED	ral or State city	T			•		