

N. M. O. C. C. COPY

Form 9-331
(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE
(Other instructions on
reverse side)

Form approved,
Budget Bureau No. 42-R1424.

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
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' FWL & 990' FSL
14. PERMIT NO.
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3919.9 G.L.

5. LEASE DESIGNATION AND SERIAL NO. NM 3287
6. IF INDIAN, ALLOTTED OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME MARY JANE FEDERAL
9. WELL NO. 2
10. FIELD AND POOL, OR WILDCAT DOUBLE L QUEEN
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC. 7-T15S-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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) SURFACE CASING <input type="checkbox"/>	
(Other) <input type="checkbox"/>		(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 FEBRUARY 9, 1971, RAN 374' OF NEW J-55, 20LB/ CASING. CEMENTED WITH 150SX. CEMENT CIRCULATED. DENTON OIL WELL CEMENTING COMPANY PERFORMED THE CEMENT WORK

RECEIVED
FEB 10 1971
U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

18. I hereby certify that the foregoing is true and correct
SIGNED Jack L. McClellan TITLE OPERATOR DATE 2/10/71

(This space for Federal or State office use)

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

ACCEPTED FOR RECORD PURPOSES
FEB 10 1971
Date 2/10/71
District Engineer

*See Instructions on Reverse Side