

N. M. O. C. C. COPY.

Form 9-531  
(May 1963)

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE  
(Other Instructions  
verse side)

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC 069280-B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

LISA B

9. WELL NO.

7

10. FIELD AND POOL, OR WILDCAT

SULIMAR QUEEN

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

SEC. 18-T15S-R30E

12. COUNTY OR PARISH

CHAVES

13. 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

1650' FWL & 990' ENE

14. PERMIT NO.

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

3934' 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)

PRODUCTION 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.) \*

WELL REACHED A TOTAL DEPTH OF 2025' ON SEPT. 9, 1971.

ON SEPT. 10, 1971 RAN 2025' OF USED J-55, 5 1/2" CASING.

CEMENTED WITH 150 SX. HALLIBURTON COMPANY PERFORMED THE WORK.

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

SIGNED

TITLE OPERATOR

DATE 9/10/71

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side