

Form 9-531
(May 1965)

N. M. O. C. C. CORP.
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

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 ☐ COPY

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

990' FNL & 1650' FWL

14. PERMIT NO.

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

3934' G.L.

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

LISA "B" FEDERAL

9. WELL NO.

8

10. FIELD AND POOL, OR WILDCAT

DOUBLE L 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.

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

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

PRODUCTION CASING
(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 perti-
nent to this work.)*

ON OCTOBER 16, REACHED TOTAL DEPTH OF 2042', HAVING ENCOUNTERED
OIL AT 2018'. SET USED 5 1/2", J-55, 15 1/2 LB. CASING AT 2040' WITH
150 SX.

HALLIBURTON PERFORMED THE CEMENT WORK.

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

SIGNED Jack L. McClellan

TITLE Operator

DATE 10/18/71

(This space for Federal or State office use)

APPROVED
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE