

Form 9-131
(May 1963)

N. M. O. C. C. COPY
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE
(Other Instructions on
Reverse Side)

Form approved
Budget Bureau No. 42-R1424.

6. LEASE DESIGNATION AND SERIAL NO.

L C 069280-B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

LISA B FEDERAL

9. WELL NO.

9

10. FIELD AND POOL, OR WILDCAT

DOUBLE "L" QUEEN

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

SEC. 18-T15S-R30E

12. COUNTY OR PARISH 13. STATE

CHAVES

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

1980'FNL & 1650'FWL

14. PERMIT NO.

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

3941 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 COMPLETION

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) SURFACE 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.)

ON 12/8/71 SET 383' OF SECOND HAND 8 5/8" O.D. 24LB. J-55,

8RD. CASING WITH 100 SX CEMENT.

ON 12/9/71 DRILLED OUT PLUG, TESTED FOR 30 MINUTES WITH NO
WATER ENTRY.

DRILLING AHEAD.

DENTON OIL WELL CEMENTING CO. PERFORMED THE CEMENTING.

RECEIVED

DEC 14 1971

U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED

TITLE PRODUCTION SUPT.

DATE 12/10/71

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side