

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN T  
(Other Instruc. on re-  
verse side)Form approved.  
Budget Bureau No. 42-R1424.

Copy to S.F.

## 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"/>		5. LEASE DESIGNATION AND SERIAL NO. LC 069280-C	
2. NAME OF OPERATOR JACK L. McCLELLAN		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR Box 848, ROSWELL, NEW MEXICO 88201		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  1980' FEL & 1650' FNL		8. FARM OR LEASE NAME LISA "C" FEDERAL	
14. PERMIT NO.		9. WELL NO. 2	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3935' G. L.		10. FIELD AND POOL, OR WILDCAT Undes. SULIMAR QUEEN	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC. 24-T15S-R29E	
		12. COUNTY OR PARISH CHAVES	13. STATE NEW MEXICO

## 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

## NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input checked="" type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

## SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
(Other) SET OIL STRING <input checked="" 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 14, 1969, RAN 2035' OF USED, J-55, 15#, 5 1/2" CASING, CEMENTED WITH 150 SACKS NEAT CEMENT. TOTAL DEPTH WAS 2040'.

HALLIBURTON CEMENTED THE WELL.

WILL LOG, PERFORATE AND FRACTURE TREAT THE WELL.

RECEIVED

FEB 19 1969

O. C. C.  
ARTESIA, OFFICERECEIVED  
FEB 18 1969

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

SIGNED

J. L. McClellan

TITLE

OPERATOR

DATE

2/17/69

(This space for Federal or State use only)

APPROVED

CONDITIONS OF APPROVAL, IF ANY:

FEB 18 1969

R. L. BEEKMAN

TITLE

DATE

\*See Instructions on Reverse Side