

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPI
(Other instructions
vers. 5/63)

FE-
co.

Form approved. Copy to S.F.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC 069280-C

6. INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

LISA "C" FEDERAL

9. WELL NO.

3

10. FIELD AND POOL, OR WILDCAT

Under
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

1.

OIL
WELL ☒ GAS
WELL ☐ OTHER

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

1980' FNL & 760' FEL

14. PERMIT NO.

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

3933' 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) RUNNING 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.)*

MARCH 2, 1969: RAN 2056' OF NEW, J-55, 14 LB., 5½" CASING, CEMENTED WITH 150 SACKS.

HALLIBURTON CEMENTED THE CASING.

MARCH 7, 1969: FRACED WELL WITH 25,000 GALS. SLICK WATER AND 30,000 LBS. SAND.

RECEIVED

MAR 14 1969

D. C. C.
ARTERIAL OFFICE

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

SIGNED

Jack L. McClellan

OPERATOR

DATE

3/11/69

(This space for Federal or State office use)

APPROVED

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side