Form	9-331
(May	1963)

I' TED STATES DEPARTMENT OF THE INTERIOR

SUBMIT IN TR Other

CATES*

Form approved. Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO.

6. IF INDIAN, ALLOTTER OR TRIBE NAME

LC 069280-C

GEOLOGICAL SURVEY							
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.)

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

LISA

	WELL OIL	$\mathbf{X}\mathbf{X}$	GAS WELL	
2.	NAME	OF OP	ERATOR	
	_			

JACK L. MCCLELLAN

3. ADDRESS OF OPERATOR Box 848, Roswell, New Mexico, 88201

OTREB

LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface

h

10 FIELD AND POOL, OR WILDCAT SULIMAR- ()

"C" FEDERAL

1980' FS & 1980' FEL

11. SBC., T., R., M., OR BLK. AND

14. PERMIT NO.

(Other)

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

SEC. 24-T15S-R29E 12. COUNTY OR PARISH 18. STATE

3918' G. L.

CHAVES

NEW MEXICO

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

PULL OR ALTER CASING MULTIPLE COMPLETE ABANDON*

CHANGE PLANS

WATER SHUT-OFF

FRACTURE TREATMENT

REPAIRING WELL ALTERING CABING ABANDONMENT*

SHOOTING OR ACIDIZING (Other) SURFACE CASING

(Nors: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

SUBSEQUENT REPORT OF:

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 somes pertinent to this work.)

ON APRIL 15, 1969, RAN 401' OF USED, J-55, 23#, 8-5/8" WITH 50 SACKS.

DENTON OIL WELL CEMENTING COMPANY PERFORMED THE CEMENT

RECEIVED

APR 2.9 1969

O. C. C. ARTEBIA, OFFICE

J. S

18. I hereby certify that the rocegoing is true and correct SECRETARY TITLE (This space for Federal or State office use) DATE CONDITIONS OF APPROVAL, IF ANY: APPROVED BY

*See Instructions on Reverse Side