

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

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 660' FEL & 1980' FSL		8. FARM OR LEASE NAME LISA FEDERAL	
14. PERMIT NO.		9. WELL NO. 5	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3937' G.L.		10. FIELD AND POOL, OR WILDCAT SULIMAR QUEEN	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 24-T15S-R29E	
		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:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETE

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON*

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR WELL

CHANGE PLANS

(Other)

SURFACE CASING

(Other)

(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 NOVEMBER 1, 1969, RAN 399' OF USED J-55, 24 LB. 8 5/8" CASING
CEMENTED WITH 50 SX.

DENTON OIL WELL CEMENTING PERFORMED THE WORK.

RECEIVED

NOV 10 1969

O. C. C.
ARTERIA, OFFICE

RECEIVED
NOV-7 1969

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

SIGNED

Jack L. McClellan

TITLE OPERATOR

DATE 11/6/69

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD PURPOSES

NOV - 7 1969
Date

ACTING

A. L. Duhon
District Engineer

*See Instructions on Reverse Side