Form 9-330
(Rev. 5-63)

copy to $.

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE (See other instructions on reverse side)

Form approved. Budget Bureau No. 42-R355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

RECEIVED
DEC 3 1969
O. C. C.
ARTESIA, OFFICE

5. LEASE DESIGNATION AND SERIAL NO.: LC-069230-C

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

7. UNIT AGREEMENT NAME:

1a. TYPE OF WELL: OIL WELL ☐ GAS WELL ☐ DRY ☒ Other

b. TYPE OF COMPLETION: NEW WELL ☐ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other

8. FARM OR LEASE NAME: LISA "C" FEDERAL

2. NAME OF OPERATOR: JACK L. McCLELLAN

9. WELL NO.: 5

3. ADDRESS OF OPERATOR: P. O. Box 843, Roswell, New Mexico, 88201

10. FIELD AND POOL, OR WILDCAT: SULIMAR

4. LOCATION OF WELL (*Report location clearly and in accordance with any State requirements*)*
At surface
At top prod. interval reported below
At total depth 660' FEL & 1980' FSL

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA: Sec. 2 -T[illegible]-R29E

14. PERMIT NO.	DATE ISSUED	12. COUNTY OR PARISH	13. STATE
		CHAVES	NEW MEXICO

15. DATE SPUDDED	16. DATE T.D. REACHED	17. DATE COMPL. (*Ready to prod.*)	18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*	19. ELEV. CASINGHEAD
[illegible]	11/11/69	P&A	3937' G. L.	

20. TOTAL DEPTH, MD & TVD	21. PLUG, BACK T.D., MD & TVD	22. IF MULTIPLE COMPL., HOW MANY*	23. INTERVALS DRILLED BY	ROTARY TOOLS	CABLE TOOLS
2013'	P&A		→		O. T. D.

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*: None

25. WAS DIRECTIONAL SURVEY MADE: No

26. TYPE ELECTRIC AND OTHER LOGS RUN: None (SAMPLE LOG DESCRIPTION ATTACHED)

27. WAS WELL CORED: No

28. CASING RECORD (*Report all strings set in well*)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8-5/8"	24 LB.	399'	12-3/4"	50	NONE

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29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)

31. PERFORATION RECORD (*Interval, size and number*)

None

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
None	

33.* PRODUCTION

DATE FIRST PRODUCTION	PRODUCTION METHOD (*Flowing, gas lift, pumping—size and type of pump*)	WELL STATUS (*Producing or shut-in*)
None		

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD →	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO

FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE →	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)

34. DISPOSITION OF GAS (*Sold, used for fuel, vented, etc.*)

TEST WITNESSED BY

35. LIST OF ATTACHMENTS: SAMPLE DESCRIPTION

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED Jack L. McClellan TITLE OPERATOR DATE 11/17/69

*(See Instructions and Spaces for Additional Data on Reverse Side)