

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-B1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 046590-B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

GETTY FEDERAL

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

UNDESIGNATED

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

SEC. 23-T15S-R29E

12. COUNTY OR PARISH 13. STATE

CHAVES NEW MEXICO

1. OIL WELL ☐ GAS WELL ☐ OTHER ☒ DRY HOLE

2. NAME OF OPERATOR

JACK L. McCLELLAN

3. ADDRESS OF OPERATOR

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

330' FSL & 2310' FWL

14. PERMIT NO.

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

3920' GL

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

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

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.)*

PROPOSE TO P&A THIS TEST AS FOLLOWS :

100' CEMENT PLUG AT TOTAL DEPTH
100' " " " BASE OF SALT
100' " " " TOP OF SALT AND IN AND OUT OF SURFACE CASING
250' " " " BASE OF RECOVERED CASING (IF ANY) TO SURFACE
SET DRY HOLE MARKER AND CLEAN LOCATION.
HEAVY MUD WILL BE PLACED BETWEEN PLUGS.

RECEIVED
DEC 31 1969

RECEIVED

JAN 2 1970

D. C. C.
ARTESIA, OFFICE

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

SIGNED

J. L. McClellan

TITLE

OPERATOR

DATE

12/24/69

(This space for Federal or State office use)

APPROVED BY

CONDITION OF APPROVAL, IF ANY:

TITLE

DATE

APPROVED

DEC 31 1969

R. L. BECKMAN

ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side