

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRI
(Other instruction
verse side)ATE*
on reForm approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC 069280-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Lisa "A" Federal #

9. WELL NO.

8

10. FIELD AND POOL, OR WILDCAT

Sulimar=Queen and,

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

Sec. 13, T15S, R-29E

12. COUNTY OR PARISH 13. STATE

Chaves

N.M.

1. OIL WELL ☒ GAS WELL ☐ OTHER

2. NAME OF OPERATOR

Jack L. McClellan

3. ADDRESS OF OPERATOR

Box 848, Roswell N.M. 88201

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

2310' FWL & 330' FSL

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)

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PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

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☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

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REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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(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.) *

Perforate Queen sand at Appx 1993-2000' with 2 shots/ ft. and Fracture treat with 25,000 Gals Lease oil and 30,000# Sand

RECEIVED

JAN 20 1970

G. G. G.
ARTESIA, OFFICE

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

SIGNED

Gene Milford

TITLE

Production Supt.

DATE

1-16-70

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

APPROVED

R. L. BEEKMA

*See Instructions on Reverse Side