

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TR.
(Other instructio.
verse side)

CATE*
or re-

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC 068917

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

copy

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

PATRICK FEDERAL

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

UNDESIGNATED Available

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

SEC. 12-T15S-R29E

12. COUNTY OR PARISH

CHAVES

13. STATE

NEW MEXICO

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 ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

JACK L. MCCLELLAN

3. ADDRESS OF OPERATOR

P. O. 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

1980' FSL & 1650' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, OR, etc.) *

3916' G. L.

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

☐
☐
☐
☐

PULL OR ALTER CASING

☐
☐
☐
☐

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐
☐
☐
☐

REPAIRING WELL

☐
☐
☐
☐

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other)

PRODUCTION STRING

X

(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.)*

RAN USED, J-55, 11 1/2", 4 1/2" CASING TO 2100'. CEMENTED WITH 250 SX.

HALLIBURTON PERFORMED THE CEMENT JOB.

RECEIVED

AUG 14 1970

O. C. C.
ARTESIA, OFFICE

RECEIVED
AUG 7 1970
U.S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED

Jack L. McClellan

TITLE

OPERATOR

DATE

AUGUST 5, 1970

(This space for Federal or State office use)

APPROVED BY

Sandra E. Kraft

TITLE

DISTRICT ENGINEER

DATE

AUG 7 1970

CONDITIONS OF APPROVAL, IF ANY: