

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 <input type="checkbox"/> GAS <input type="checkbox"/> WELL WELL OTHER		7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Jack L. McClellan ✓		8. FARM OR LEASE NAME ^{"A"} Mark Federal ^{"A"}
3. ADDRESS OF OPERATOR P. O. Box 848, Roswell, New Mexico 88201		9. WELL NO. 1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface		10. FIELD AND POOL, OR WILDCAT Wildcat
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 4-T15S- R29E
15. ELEVATIONS (Show whether DF, RT, OR, etc.) 660 / N + E		12. COUNTY OR PARISH Chaves
		13. STATE N. M.

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	WATER SHUT-OFF	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
(Other)	<input type="checkbox"/>	(Other)	<input type="checkbox"/>
			<input checked="" type="checkbox"/>

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

This test was Plugged & Abandoned on September 16, 1970 as follows:

With dump bailer, placed 150 plug @ T.D., 100' cement plug @ 850'

(base of salt), 100' cement plug @ 280' (base of 8 5/8" csg.). Mud

between plugs. No casing was removed from hole. 20' plug @ surface.

RECEIVED

NOV 13 1970

D. C. C.
ARTESIA, OFFICE

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

SIGNED Paul J. McClellan TITLE Operator DATE 9/18/70

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
 CONDITIONS OF APPROVAL IF ANY: _____
 APPROVED _____

***See Instructions on Reverse Side**