c/SF

ITED STATES NM OIL CONS COMMISSION
DEPARTMENT OF THE INTERIOR (Other instructions on reverse side) Drawer DD
GEOLOGICAL SURVEY Artesia, NM 88210

Form approved.
Budget Bureau No. 42-R1424.

RECEIVED BY
JUL 29 1985
ARTESIA, OFFICE

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.)

5. LEASE DESIGNATION AND SERIAL NO.: LC-069280-B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

7. UNIT AGREEMENT NAME:

OIL WELL ☒ GAS WELL ☐ OTHER

2. NAME OF OPERATOR: McClellan Oil Corporation

8. FARM OR LEASE NAME: Lisa "BS" Federal

3. ADDRESS OF OPERATOR: P.O. Drawer 730, Roswell, NM 88202

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: 990' FSL & 1650' FEL

10. FIELD AND POOL, OR WILDCAT: Sulimar/San Andres

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: Sec. 13-T15S-R29E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 3970' G.L.

12. COUNTY OR PARISH: Chaves

13. STATE: NM

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF	☐	PULL OR ALTER CASING	☐	WATER SHUT-OFF	☐	REPAIRING WELL	☐
FRACTURE TREAT	☐	MULTIPLE COMPLETE	☐	FRACTURE TREATMENT	☐	ALTERING CASING	☐
SHOOT OR ACIDIZE	☐	ABANDON*	☐	SHOOTING OR ACIDIZING	☐	ABANDONMENT*	☐
REPAIR WELL	☐	CHANGE PLANS	☐	(Other) Casing Test			X
(Other)				(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.)*

In reference to the letter from April 25, 1985 the well test is submitted for your approval.

Production: 1 BOPD, 7 BWPD
Casing Test: 500 psi for 30 minutes
Date of Test: November 20, 1984

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

SIGNED Paul Kaufman TITLE Operations Manager DATE 5/23/85

(This space for Federal or State office use)

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

APPROVED
PETER W. CHESTER
JUL 26 1985
BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA

*See Instructions on Reverse Side

5931

SPEEDISET ® MOORE BUSINESS FORMS, INC., WICHITA FALLS, TEX. - N 433291749

HALLIBURTON SERVICES

JOB LOG

FORM 2013 R-2

WELL NO. 1 LEASE Lisa GS TICKET NO. 15669

CUSTOMER McClellan Oil PAGE NO.

JOB TYPE Hunt Hole DATE 1-19-84

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS T	PUMPS C	PRESSURE (PSI) TUBING	PRESSURE (PSI) CASING	DESCRIPTION OF OPERATION AND MATERIALS
	0800							On Location
								Pull tubing
	0915							Tag Sand & No Hole
	0930	3	35			250		Wash Sand
	1000							Trip Tubing
	1200	1/2	20				500	Test Packer
								Ave Rt - 3
								Ave Psi - 250
								Load to Recover - 55 bbls
								Thank you