

UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TYPEWRITING
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.
NM-0916

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
SIMMONS FEDERAL

9. WELL NO.
1

10. FIELD AND POOL, OR WILDCAT
W. HENSHAW GRAYBURG

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
SEC. 24-16S-R29E

12. COUNTY OR PARISH
EDDY

13. STATE
N. M.

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to different depths. Use "APPLICATION FOR PERMIT" for such proposals.)

RECEIVED

NOV 21 1967

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

2310' FNL & 1980' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, CR, etc.)
3729' GL

16. 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"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input checked="" type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

(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.)*

OCTOBER 27, 1967: PULLED TUBING, SAND PUMPED HOLE AND RECOVERED 6' OF SAND. FOUND 23 JOINTS FULL OF SAND. PUMPED OUT WITH PUMP, TREAT AND HOT OILED BALANCE OF TUBING. RERAN TUBING. 24 HOUR TEST, FLOW 6 BOPD

REQUEST CHANGE IN ALLOWABLE. THIS WELL EXEMPT FROM

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NOV 13 1967
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 11/09/67

(This space for Federal or State office use)

APPROVED _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY:

APPROVED
NOV 20 1967
R. L. LAMMAN