Form 9-331
(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE (Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

Copy to JS

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 [X] GAS WELL [ ] OTHER

2. NAME OF OPERATOR
JACK L. McCLELLAN

3. ADDRESS OF OPERATOR
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' FNL & 660' FWL

5. LEASE DESIGNATION AND SERIAL NO.
NM 015476

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
~~FEDERAL~~ BAR-J Federal

9. WELL NO.

10. FIELD AND POOL, OR WILDCAT
WILDCAT Silurian Dev.

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
SEC. 15-T6S-R27E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
4109 G.L.

12. COUNTY OR PARISH
CHAVES

13. STATE
N.M.

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	[X]	ABANDONMENT*	[ ]
REPAIR WELL	[ ]	CHANGE PLANS	[ ]	(Other)			[ ]
(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.) *

ON JULY 28, 1971, ACIDIZED WELL WITH 500 GALS. MUD ACID IN PERFORATED INTERVALS FROM 6460'-6468'.

RECEIVED
SEP 14 1971
O. C. C.
ARTESIA, OFFICE

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

SIGNED [signature] TITLE OPERATOR DATE 9/10/71

(This space for Federal or State office use)

APPROVED
CONDITIONS OF APPROVAL, IF ANY:

TITLE DATE

APPROVED
AUG 13 1971
R. L. BEEKMAN
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side