

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIP  
(Other instructions  
verse side)TE\*  
re-Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 0154766

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

BAR-J FEDERAL

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

HAYSTACK-SILURO DEV.

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

SEC. 15-T6S-R27E

12. COUNTY OR PARISH

CHAVES

13. STATE

NEW MEXICO

1.

OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

McCLELLAN OIL CORPORATION

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' FNL &amp; 660' FWL

14. PERMIT NO.

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

4107' G. L.

16.

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

## NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

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☐  
☐  
☐

PULL OR ALTER CASING

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☐  
☐  
☐  
☐

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON\*

REPAIR WELL

CHANGE PLANS

(Other) WORKOVER

XX

## SUBSEQUENT REPORT OF:

WATER SHUT-OFF

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REPAIRING WELL

☐  
☐  
☐  
☐  
☐

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT\*

(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.)\*

THIS WELL WILL BE WORKED OVER IN AN ATTEMPT TO RE-ESTABLISH PRODUCTION.

A REPORT ON TYPE OF WORK PERFORMED WILL BE FILED AFTER WORKOVER IS COMPLETE.

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

SIGNED

J. L. McClellan

TITLE

OPERATOR

DATE

OCTOBER 9, 1973

(This space for Federal or State office use)

APPROVED BY

COMMISSIONER OF APPROVAL, IF ANY:

TITLE

DATE

RECEIVED  
OCT 11 1973K. L. BEEKMAN  
ACTING DISTRICT ENGINEER

\*See Instructions on Reverse Side

RECEIVED  
OCT 10 1973  
U. S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICO