16.

'ED STATES

SUBMIT IN TRI

Budget	Bure	u N	o. 42-B	142
DESIGN			SERIAL	NO.
 2001	107	\sim		

۶.		DESIGNATION AND	SERIA
	NM	0284972	

DEPART	NM 0284972		
(D) and was this form for propo	ICES AND REPORTS ON WELLS sals to drill or to deepen or plug back to a different reservoir. ATION FOR PERMIT—" for such proposals.)	6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
OIL GAS OTHER	DRY HOLE	7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR JACK L. MCCLELLAN	v	8. FARM OR LEASE NAME YATES "BB" FEDERAL	
3. ADDRESS OF OPERATOR	swell, New Mexico, 88201	9. WELL NO.	
4. LOCATION OF WELL (Report location See also space 17 below.) At surface	clearly and in accordance with any State requirements.*	10. FIELD AND POOL, OR WILDCAT WILDCAT 11. SEC., T., B., M., OR BLK. AND	
2310' FN & WL		SEC. 27-T15S-R29E	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3836 G. L.	CHAVES NEW MEXICO	

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 FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE ABANDON® CHANGE PLANS	X	WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZING (Other) (Note: Report results of m Completion or Recompletion	REPAIRING WBLL ALTERING CASING ABANDONMENT®
(Other)	<u> </u>		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 sones pertinent to this work.) *

PROPOSE TO PLUG AND ABANDON CAPTIONED TEST AS FOLLOWS:

100' CEMENT PLUG AT T. D. TO COVER QUEEN SAND POROSITY.

1001 CEMENT PLUG OVER BASE OF SALT.

1001 CEMENT PLUG OVER TOP OF SALT AND BASE OF SURFACE CASING.

100' CEMENT PLUG FROM SURFACE TO 100' TO COVER STUB OF 8-7/8" AT SURFACE.

SET MARKER.

RECEIVED
DEC11'969

18. I hereby cerdify that the and is true and correct		
SIGNED J. M. CO. LO.	TITLE	DATE
(This space for Federal or State of the		
APPROVED BY (F-1)	TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:		•

*See Instructions on Reverse Side