

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

N 0284972

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

YATES "BB" FEDERAL

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

WILDCAT

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

SEC. 27-T15S-R29E

12. COUNTY OR PARISH

CHAVES

13. STATE

NEW MEXICO

1. OIL WELL ☐ GAS WELL ☒ OTHER DRY HOLE

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' FN & WL

14. PERMIT NO.

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

3836' G. L.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other) ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) ☐

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☒

(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 DECEMBER 4, 1969, SET CEMENT PLUG FROM 1817 TO 1715' (QUEEN SAND).

PLACED CEMENT PLUG 840 - 940' (BASE OF SALT).

PLACED CEMENT PLUG 370 - 500' (BASE OF SALT AND BASE OF 8-5/8" CASING AT 415').

PLACED CEMENT PLUG 0 - 100' (SURFACE PLUG & STUB OF 8-5/8" CASING AT 63').

CEMENTED MARKER. HEAVY MUD BETWEEN PLUGS.

DENTON OIL WELL CEMENTING PERFORMED THE JOB.

RECEIVED

FEB 11 1970

O. L. BEEKM
ARTESIAL OFFICE

RECEIVED
DEC 11 1969
U. S. GEOLOGICAL SURVEY
ARTESIAL OFFICE

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

SIGNED

J. M. S. Cole

TITLE

OPERATOR

DATE

12/10/69

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

APPROVED

J. L. BEEKM

*See Instructions on Reverse Side