Form 9-331		UNI	ר־י־י STATES	SUBMIT IN TRIPL	rom For	m approved.	
(May 1963)	DEPARTMEN'I JF THE INTERIOR (Other Instructions e-				Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO.		
		GEOL	OGICAL SURVEY		NM O ¹	19739	
			AND REPORTS drill or to deepen or plug FOR PERMIT—" for such	ON WELLS tiack to a different reservoir.		ALLOTTED OR TRIBB NAME	
1. OIL XIX GA				<u> </u>	7. UNIT AGRE	EMENT NAME	
WELL COME OTHER 2. NAME OF OPERATOR						EASE NAME	
JACK L. McCLELLAN						INE FEDERAL	
8. 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						D POOL, OR WILDCAT	
						CAT L, M., OR BLK. AND	
660' F	SL & 66	o' FEL			SURVE	OR ARBA	
						23-T8S-R37E	
14. PERMIT NO.		15.	4008 G. L	-,,,		DE PARISH 18. STATE	
16.	<u> </u>				<u> </u>	. VEET NEW THEXT GO	
16.	Check Appropriate Box To Indicate Nature of Notice, Report, or Check Appropriate Box To Indicate Nature of Notice, Report, or Check Appropriate Box To Indicate Nature of Notice, Report, or Check Appropriate Box To Indicate Nature of Notice, Report, or Check Appropriate Box To Indicate Nature of Notice, Report, or Check Appropriate Box To Indicate Nature of Notice, Report, or Check Appropriate Box To Indicate Nature of Notice, Report, or Check Appropriate Box To Indicate Nature of Notice, Report, or Check Appropriate Box To Indicate Nature of Notice, Report, or Check Appropriate Box To Indicate Nature of Notice, Report, or Check Appropriate Box To Indicate Nature of Notice, Report, or Check Appropriate Box To Indicate Nature of Notice, Report, or Check Appropriate Box To Indicate Nature of Notice, Report, or Check Appropriate Box To Indicate Nature In					UINET DATA UENT REPORT OF:	
						PAIRING WELL	
TEST WATER SI			OR ALTER CASING	WATER SHUT-OFF FRACTURE TREATMEN		TERING CASING	
SHOOT OR ACID		ABAND		SHOOTING OR ACIDIZ	-	ANDONMENT*	
REPAIR WELL		CHANG	E PLANS	(Other) SURF		X X	
(Other)				(Norn: Report Completion or	results of multiple co Recompletion Report a	mpletion on Well nd Log form.)	
nent to this w	·	1968:	Well Spudded 331' of New, sacks. Ceme	II:00 A. M. [12-3/4" casing nt circulated.	ORILLED TO S G, CEMENTED PLUG DOWN	31'. SET WITH 350 10:30 P. M.	
DECEMB	ER 20,	1968:		MENT 18 HOURS . D 30 MINUTES.	AND PRESSURE Pressure he	D UP TO	
•			DRILLING AHE	_	TRESSORE III		
			_				
			CEMENT WORK	PERFORMED BY D	OWELL.		
						C	
						:	
18. I hereby certify	that the	Mic C	and correct	OPERATOR	DATE:	12/20/68	
(This space for	Federal or Sta	ite office toe)	A ED	PROVED		
APPROVED BY	DF APPROVAL	IF ANY	TITLE	AF	DATE		

DEC 25 1968