

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE  
(Other instructions  
verse side)

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 044216-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

ATLANTIC FEDERAL

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

UNDESIGNATED

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

SEC. 24-T8S-R37E

12. COUNTY OR PARISH

ROOSEVELT

13. STATE

NEW MEXICO

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 ☐ 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

2130  
2310' FSL & 660' FEL

14. PERMIT NO.

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

3997' D. F.

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 perti-  
nent to this work.)\*

5/26/69: ACIDIZED PERFS FROM 4802-4821½' WITH 5000 GALS. 15% ACID.

10/15/69: FRACED WITH 15,000 GALS. SALT WATER AND 15,000 LBS. SAND.

SHUT-IN, WAITING ON PIPE LINE CONNECTION APPROXIMATELY 1/1/70.

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

SIGNED

TITLE

OPERATOR

DATE

12/09/69

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

