

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions
verse side)

Form approved.
Budget Bureau No. 42-R1424.

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM 044216-A	
2. NAME OF OPERATOR JACK L. McCLELLAN		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR Box 848, ROSWELL, NEW MEXICO, 88201		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 2310' FSL & 660' FEL		8. FARM OR LEASE NAME ATLANTIC FEDERAL	
14. PERMIT NO.		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3989' DF		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	

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.)

WILL RUN 4 1/2" CASING FOR OIL STRING INSTEAD OF 5 1/2" AS STATED ON ORIGINAL APPLICATION TO DRILL. THIS CHANGE WAS OCCASIONED BY STRUCTURAL CONDITIONS ENCOUNTERED IN THE PRODUCING FORMATION.

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

SIGNED

Jack L. McClellan

TITLE

OPERATOR

DATE 5/20/69

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

APPROVED

MAY 22 1969

ARTHUR R. BROWN
DISTRICT ENGINEER

*See Instructions on Reverse Side