

N. M. O. C. C. COPY
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC 069280-B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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

660' FSL & FWL

7. UNIT ASSIGNMENT NAME

8. FARM OR LEASE NAME
LISA "B" FEDERAL

9. WELL NO.

2

10. FIELD AND NO., OR WELLCAT

SULPHUR

11. SEC. T. R. S. OR BLM. AND
SURVEY OR AREA

SEC. 18-T155-R30E

14. PERMIT NO.

15. ELEVATIONS (Show whether of, to, or, etc.)

3948' G. L.

12. COUNTY OR PARISH
CHAVES

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

FRACURE TREAT

SHOOT OR STIMING

REPAIR WELL

(Other) PLUG BACK AND RE-COMPLET XX

FULL OR ALTER CASING

MULTIPLE COMPLET

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT (S):

WATER SHUT-OFF

FRACURE TREATMENT

SHOOTING OR STIMING

(Other)

REPAIRING WELL

ABANDONING CASING

ABANDONMENT*

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR PLANNED 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.)

WELL WAS DEEPENED FROM A TD OF 2055' TO 3487' TO TEST THE SAN ANDRES, WITH ROTARY. HOLE NOW FULL OF HEAVY MUD. PROPOSE TO SPOT CEMENT PLUGS 3300-3487' (SAN ANDRES POROSITY), 2045-2145' (IN AND OUT OF CASING SET AT 2055'). WILL ATTEMPT RE-COMPLETION IN QUEEN SAND FROM PERFORATION 2027-2030'.

RECEIVED

JUN 4 1969

D. C. C.
ARTERIAL OFFICE

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

SIGNED

TITLE

OPERATOR

DATE 6/02/69

(This space is for use by the operator)

APPROVED BY
CONDITIONS OF APPROVAL IF ANY:

R. L. BEEKMAN
ACTING DISTRICT MANAGER

*See Instructions on Reverse Side