

Form 9-331
(May 1963)UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE
(Other instructions on
reverse side)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 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"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR JACK L. McCLELLAN		8. FARM OR LEASE NAME LISA "B" FEDERAL	
3. ADDRESS OF OPERATOR Box 848, ROSWELL, NEW MEXICO, 88201		9. WELL NO. 2	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FS & FWL		10. FIELD AND POOL, OR WILDCAT SULIMAR	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC. 18-T15S-R30E	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, OR, etc.) 3948' G. L. 3956' K. B. (ROTARY)		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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	FULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) DRILLING DEEPER <input type="checkbox"/>	
(Other) <input type="checkbox"/>		(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 4/11/69, MOVED IN ROTARY RIG ON EXISTING WELL AND COMMENCED DRILLING TO THE SAN ANDRES. OTD - 2055'. DRILLED TO A TD OF 3487'. THREE CORES WERE TAKEN: CORE NO. 1, 3320-3376', CORE NO. 2, 3376-3432', AND CORE NO. 3, 3432-3487'. ON REACHING TD WELL WAS CAPPED AND RIG RELEASED. WAITING ON ORDERS.

RECEIVED

JUN 4 1969

O. C. C.
ARTESIA, OFFICE

RECEIVED

JUN - 3 1969
U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED

(This space for Federal or State office use)

TITLE

OPERATOR

DATE

6/02/69

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side.