

N. M. O. C. C. COPY
UNIT STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
HOBBS OFFICE O.C.C.
SUBMIT IN TRIPlicate
(Other instructions on
verse side)

Form approved.
Budget Bureau No. 42-B1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC 069280-B

6. IF INDIAN, ALLOTTED OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

LISA "B" FEDERAL

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

SULIMAR

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

SEC. 18-T15S-R30E

12. COUNTY OR PARISH

CHAVES

13. STATE

NEW MEXICO

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' FS & WL

14. PERMIT NO.

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

3948' G. L.

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)

PERFORATING

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.)*

ON 2/18/69, RAN GAMMA-RAY NEUTRON IN CASING AND PERFORATED 2 SHOTS PER FOOT 2027-2030'. ACIDIZED 200 GALS. ACID AND FRACTURE TREATED WITH 8000 GALS. TREATED WATER AND 9000 LBS. SAND.

2/20/69: INSTALLED PUMP AND COMMENCED PUMPING. PUMPED WATER AND OIL, RATIO OF OIL TO WATER STEADILY INCREASED TO 50% OIL.

RECEIVED

JUN 4 1969

O. C. C.
HOBBS OFFICE

RECEIVED

JUN-31969

U.S. GEOLOGICAL SURVEY
HOBBS OFFICE

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

SIGNED

TITLE

OPERATOR

DATE

6/02/69

(This space for Federal or State office use)

TITLE

DATE

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

JUN 3 - 1969

H. L. BEEKMAN

*See Instructions on Reverse Side