Form 9-331
(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions on
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.)

5. LEASE DESIGNATION AND SERIAL NO.

LC 069280-B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

1.
OIL WELL [X]X   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

8. FARM OR LEASE NAME
LISA "B" FEDERAL

9. WELL NO.
2

10. FIELD AND POOL, OR WILDCAT
SULIMAR QUEEN

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
SEC. 18-T15S-R30E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, 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	PULL OR ALTER CASING
FRACTURE TREAT XX	MULTIPLE COMPLETE
SHOOT OR ACIDIZE	ABANDON*
REPAIR WELL	CHANGE PLANS
(Other)	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREATMENT	ALTERING CASING
SHOOTING OR ACIDIZING	ABANDONMENT*

(Other)
(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.) *

THIS WELL WILL BE PERFORATED AND A SMALL FRACTURE TREATMENT ADMINISTERED

IN ORDER TO PRODUCE OIL TO THE EXCLUSION OF THE WATER.

RECEIVED
FEB 19 1969

18. I hereby certify that the foregoing is true and correct
SIGNED _Lois Taylor_   TITLE _SECRETARY_   DATE _2/17/69_

(This space for Federal or State office use)

TITLE _____   DATE _____

APPROVED
CONDITIONS OF APPROVAL, IF ANY:

FEB 1 9 1969
R. L. BEEKMAN

*See Instructions on Reverse Side