

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.
LC 069280-B

6. IF INDIAN, ALLOTTEE 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 QUEEN

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.)

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*

Temp. SETTING CASING

(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.)*

REACHED A TOTAL DEPTH OF 2055 ON DECEMBER 27, 1968. RAN USED J-55, 24 LB., 7" CASING TO TOTAL DEPTH. CEMENTED WITH 50 SACKS.

HALLIBURTON PERFORMED THE WORK.

Temp. Abandoned (Attachment)

WELL WILL NOT BE COMPLETED AT THIS TIME DUE TO PRESENCE OF WATER AND THE DIFFICULTY OF DISPOSING OF SAME.

RECEIVED

JAN-7-1969

U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

RECEIVED

JAN 14 1969

O. C. C.
ARTESIA, OFFICE

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

SIGNED

(This space for Federal or State office use)

TITLE

OPERATOR

DATE

1/6/69

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

APPROVED

R. L. BEEKMA

*See Instructions on Reverse Side