

UNITED STATES
DEPARTMENT OF THE INTERIOR
Geological Survey
P. O. Drawer U
Artesia, New Mexico 88210

MAR 9 1970

March 6, 1970

Re: Oil and Gas Lease
NM 0109856

Jack L. McClellan
Post Office Box 848
Roswell, New Mexico 88201

Gentlemen:

We have not yet received the reports checked below pertaining to
your well No. 1-Ban Federal located in SW 1/4 SW 1/4
sec. 21, T. 14 S., R. 30 E., Chaves County, New Mexico:

Form 9-331, "Notice of Intention to _____
(5 copies) _____

Form 9-331, "Subsequent Report of _____
(5 copies) _____

Form 9-331, "Subsequent Report of _____
(5 copies) _____

Form 9-330, "Log of Oil or Gas Well" covering all
drilling operations. (4 copies) ~~XXXXXXXX~~

Geologic logs (30 CFR 221.59 requires that duplicate
copies of all electrical logs, sample logs, drilling
time logs, temperature, deviation, and other well
surveys must be filed.) (2 copies) _____

Please submit these delinquent reports to this office at your
earliest convenience.

Sincerely yours,

(Orig. Sgd.) JAMES A. KNAUF

James A. Knauf
District Engineer

cc: OCC, Hobbs ✓

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.

NM 0109856

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

BAM FEDERAL

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

WILDCAT

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

SEC. 21-T14S-R30E

12. COUNTY OR PARISH 13. STATE

CHAVES

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' FSL & FWL

14. PERMIT NO.

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

3857' 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) ☐

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 NOVEMBER 22, 1969, RAN GAMMA RAY COLLAR LOCATOR AND PERFORATED 20 SHOTS
2095-2099'. FRACED WITH 16,000 GALS. OF LEASE OIL AND 18,000# SAND.

RECEIVED

NOV 25 1969

U. S. GEOLOGICAL
ARTESIAN

RECEIVED

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

SIGNED

J. L. McClellan

TITLE

OPERATOR

DATE

11/24/69

(This space for Federal or State of use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

ACCEPTED FOR RECORD
NOV 25 1969
Date
ACTING District Engineer

*See Instructions on Reverse Side