Form 9-331 (May 1963)

2. NAME OF OPERATOR

14. PERMIT NO.

FRACTURE TREAT

REPAIR WELL

16.

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## N. M. O. C. C. C. Form approved. Budget Bureau No. 42-R1424. UNI ') STATES SUBMIT IN TRIPLY (Other instructions DEPARTMEN, OF THE INTERIOR verse side) 5. LEASE DESIGNATION AND SERIAL NO. GEOLOGICAL SURVEY 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 a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.) 7. UNIT AGREEMENT NAME CEDAR POINT UNIT OTHER DRY HOLE GAS WELL 8. FARM OR LEASE NAME CEDAR POINT UNIT JACK L. MCCLELLAN 9. WELL NO. 3. ADDRESS OF OPERATOR i P. O. Box 848, Roswell, New Mexico, 88201 LOCATION OF WELL (Report location clearly and in accordance with any State requirements. 10. FIELD AND POOL, OR WILDCAT See also space 17 below.) At surface WILDCAT 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 1980' FN & WL SEC. 27-T15S-R30E 12. COUNTY OR PARISH | 13. STATE 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 2 NEW MEXICO 4056' D. F. 4045' G. L. CHAVES Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: REPAIRING WELL WATER SHUT-OFF PULL OR ALTER CASING TEST WATER SHUT-OFF ALTERING CASING FRACTURE TREATMENT MULTIPLE COMPLETE er) (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) SHOOTING OR ACIDIZING PARTIAL ABANDON\* SHOOT OR ACIDIZE

(Other) \_

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 JULY 6, 1970, THIS WELL WAS PARTIALLY PLUGGED WITH THE DRILLING RIG AS FOLLOWS:

25 SACK PLUG AT THE FOLLOWING DEPTHS:

CHANGE PLANS

10,300' 8,100' 6,800' 4,7601 3,2401

THIS WORK WAS PERFORMED BY HALLIBURTON.

THE BALANCE OF THE PLUGS WILL BE SET AT SUCH TIME AS A PULLING UNIT IS AVAILABLE TO REMOVE A PORTION OF THE INTERMEDIATE CASING. RECEIVED

JUL 9 1970

18. I hereby certify that the strue and cor	TITLE OPERATOR	DATE JULY 7, 1970
(This space for Federal or State of the APPROVED BY	TITLE	DATE
APPROVED BY CONDITIONS OF APPROVALCIF ANY ACCEPTED FOR RECORD PURP District Engineer	*See Instructions on Reverse Side	

Tate

RECEIVED

JUL 13 1870

OIL CONSERVATION COMM. HOBBS, N. IA.