

UNIT STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLIC
(Other instructions on
verse side)Form approved.
Budget Bureau No. 42-R1-24.

5. LEASE DESIGNATION AND SERIAL NO.

NM 10598

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

HARRIS FEDERAL

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

WILDCAT

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

SEC. 30-T15S-R30E

12. COUNTY OR PARISH

CHAVES

13. STATE

NEW MEXICO

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.)

1.

OIL WELL ☐ GAS WELL ☐ OTHER WILDCAT

2. NAME OF OPERATOR

JACK L. McCLELLAN (CHANGED FROM OLEN FEATHERSTONE)

3. ADDRESS OF OPERATOR

P. O. 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' FNL & 330' FEL

14. PERMIT NO.

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

3959' GL 3976' KB

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) CHANGE OPERATOR

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 perti-
nent to this work.)*

ON JANUARY 6, 1971, THE DECISION WAS MADE TO RUN PIPE TO A DEPTH OF
4350' TO TEST THE SAN ANDRES FORMATION. THE OWNERSHIP OF THESE RIGHTS
WERE RESERVED BY JACK L. McCLELLAN, ET AL, THEREFORE, THE NECESSITY OF A
CHANGE OF OPERATOR.

SUBSEQUENT FORMS WILL BE FILED AFTER THE CASING HAS BEEN RUN

RECEIVED
JAN 7 1971
U.S. GEOLOGICAL SURVEY
ARTS & MINES DIVISION

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

SIGNED

Jack L. McClellan

TITLE

OPERATOR

DATE

1/6/71

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD PURPOSES
JAN - 8 1971
[Signature]
District Engineer

*See Instructions on Reverse Side