Form 9-331 (May 1963) Form approved. Budget Bureau No. 42-R1424. TED STATES 'ATE SUBMIT IN TRI DEPARTMENT OF THE INTERIOR (Other instructio. verse side) on re-5. LEASE DESIGNATION AND SERIAL MO. NM 6860 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.) ž, ī. 7. UNIT AGREEMENT NAME WELL OTHER WILDCAT NAME OF OPERATOR 8. FARM OR LEASE NAME RAMILUS JACK L. MCCLELLAN Box 848, Roswell, New Mexico 88201

LOCATION OF WELL (Report location clearly and in accordance with any State requirements.

See also space 17 below.)

At surface 3. ADDRESS OF OPERATOR 9. WELL NO. 10. FIELD AND POOL, OR WILDCAT CEDAR POINT UNIT 2310' FNL & 1650' FEL 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC. 23-T15-S-R30E 12. COUNTY OR PARISH | 13. STATE 14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.) CHAVES 4192.G. L 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data SUBSEQUENT REPORT OF : NOTICE OF INTENTION TO: TEST WATER SHUT-OFF PULL OR ALTER CASING WATER SHUT-OFF REPAIRING WELL ALTERING CASING FRACTURE TREAT MULTIPLE COMPLETE FRACTURE TREATMENT ABANDON MENT* SHOOTING OR ACIDIZING SHOOT OR ACIDIZE ABANDON* (Other) CASING TO PREVENT CAVING REPAIR WELL CHANGE PLANS (NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (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 some pertianent to this work.) 2 3 ON MAY 25, 1971, RAN 944' OF USED J-55, 29 LB. 8 5/8" CASING SET CASING ON ANHYDRITE STRINGER. CASING TO STOP CAVING. WAS SET AND NO CEMENT WAS USED, AS THERE IS A POSSIBILITY THAT heapealns fun Herz a robusta of the art reports should include the WHICH COULD NECESSITATE UNDER-REAMING. RECEIVED THE STATE OF THE STATE U. S. GPOLOGICAL SURVEY APTERIA SENE MENTO 18. I hereby certify that the foregoing is true and correct OPERATOR TITLE . SIGNED DATE APPROVED DE CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR m91II.b ederal or State office use) DATE ... TITLE 500 12 de District Engineer *See Instructions on Reverse Side

JUN - 7 1971 Date

RECEIVED

JUN 1 1971

OIL CONSERVATION COMM.
HOBBS, N. M.

