

Form 9-331
(May 1963)UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE
(Other instructions on
reverse side)Form approved.
Budget Bureau No. 42-R1424.

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR JACK L. MCCLELLAN		8. FARM OR LEASE NAME RAMILUS
3. ADDRESS OF OPERATOR Box 848, ROSWELL, NEW MEXICO 88201		9. WELL NO. 1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 2310' FNL & 1650' FEL		10. FIELD AND POOL, OR WILDCAT CEDAR POINT UNIT
14. PERMIT NO.		12. COUNTY OR PARISH CHAVES
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4192.30' G. L.		13. STATE N.M.

RECEIVED
MAY 23 1971
U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

SEC. 23-T15-S-R30-E

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data			
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) SURFACE CASING <input type="checkbox"/>	
(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.) *

RAN 565' OF 10 3/4", USED CASING TO SHUT OFF CAVING. DID NOT
CEMENT AS IT COULD NOT BE DETERMINED IF IT WOULD BE NECESSARY
TO PULL THIS CASING AND REAM THE HOLE IF WATER SHOULD BE
ENCOUNTERED BELOW THIS POINT.

18. I hereby certify that the foregoing is true and correct		DATE
SIGNED <u>J. L. McClellan</u>	TITLE OPERATOR	5/18/71
(This space for Federal or State office use)		
APPROVED BY <u>[Signature]</u>	TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:		

ACCEPTED FOR RECORD PURPOSES
JUN - 1 1971
ACTING District Engineer

*See Instructions on Reverse Side