

Form 9-331  
(May 1963)

**UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY**

SUBMIT 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. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. <b>NM 0271104</b>	
2. NAME OF OPERATOR <b>JACK L. McCLELLAN</b>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR <b>Box 848 - ROSWELL, NEW MEXICO 88201</b>		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) <b>At surface</b>  <b>660 FNL &amp; 660 FWL</b>		8. FARM OR LEASE NAME <b>TOLPAT FEDERAL</b>	
14. PERMIT NO.		9. WELL NO. <b>#1</b>	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>4069.3'</b>		10. FIELD AND POOL, OR WILDCAT <b>WILDCAT</b>	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>SEC. 27-10S-30E-NMPPM</b>	
		12. COUNTY OR PARISH <b>CHAVES</b>	13. STATE <b>NEW MEXICO</b>

**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"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <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.)\*

DRILLED TO TOTAL DEPTH OF 2500' TO TEST THE QUEEN FORMATION.  
SAMPLES SHOW NO SIGN OF OIL

PROPOSE TO SPOT 100' PLUG ABOVE AND BELOW THE QUEEN SAND  
100' PLUG IN AND OUT OF 8 5/8" OD CSG  
10 SKS IN TOP OF 8 5/8".

**RECEIVED**  
**JUL 6 1972**  
**U. S. GEOLOGICAL SURVEY**  
**ARTESIA, NEW MEXICO**

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

SIGNED *W. L. Gordon*

TITLE PRODUCTION SUPERINTENDENT

DATE JULY 2, 1972

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

**APPROVED**  
**JUL - 7 1972**  
**H. L. BECKMAN**  
DISTRICT ENGINEER

\*See Instructions on Reverse Side

RECEIVED

JUL 17 1972

OIL CONSERVATION COMMISSION  
HOUSTON, TEXAS

RECEIVED

JUL 10 1972

O. C. C.  
ARTESIA, OFFICE