

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPL
(Other instructions
verse 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 Tolpat Industrial "A" |
| 3. ADDRESS OF OPERATOR P.O. Box 548 Roswell, N.M. 86201 | 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 660' FD : WL | 10. FIELD AND POOL, OR WILDCAT Wildcat |
| 14. PERMIT NO. | 11. SECTION, TOWNSHIP, OR BLK. AND SURVEY OR AREA Sec. 22-T10S-R30E |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4667.2' P | 12. COUNTY OR PARISH Chaves |
| | 13. STATE NM |

18. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

| | | | |
|---------------------|--------------------------|----------------------|--------------------------|
| 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 type="checkbox"/> |
| REPAIR WELL | <input type="checkbox"/> | CHANGE PLANS | <input type="checkbox"/> |
| (Other) | <input type="checkbox"/> | | <input type="checkbox"/> |

SUBSEQUENT REPORT OF:

| | | | |
|-----------------------|--------------------------|-----------------|-------------------------------------|
| 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 checked="" type="checkbox"/> |
| (Other) | <input type="checkbox"/> | | <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.)*

Well Plugged and abandoned as follows:

7-23-74

Ran 2" tbg to 2940' and set 30 sx cnt plug to 2840'

Pulled 2" tbg. to 1700' and set 30 sx cnt plug to 1600'

Pulled 2" tbg. to 370' and set 50 sx cnt plug to 270'

Set 10 sack cement plug from surface to 20'

Installed Dry hole marker.

Note: Well was circulated with, and all plugs displaced with salt water brine gelled mud.

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

SIGNED

TITLE Agent

DATE 7-24-74

(This space for signature of State official)

APPROVED BY

TITLE ACTING DISTRICT ENGINEER

DATE DEC 30 1977

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

DEC 30 1977

O. C. C.
ARTEBIA, OFFICE

RECEIVED

JAN 2 1978

U.S. COAST GUARD COMM.
JAN 2 1978