

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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM 0271104-A	
2. NAME OF OPERATOR JACK L. McCLELLAN		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 848, ROSWELL, NEW MEXICO 88201		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  660' FS & WL		8. FARM OR LEASE NAME TOLPAT FEDERAL "A"	
14. PERMIT NO.		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4067.2' GR		10. FIELD AND POOL, OR WILDCAT WILDCAT	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 22-T10S-R30E	
		12. COUNTY OR PARISH CHAVES	
		13. STATE NEW MEXICO	

16. 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"/>	

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 type="checkbox"/>
(Other) <input type="checkbox"/>	WELL STATUS T/A <input checked="" 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.)\*

GEO DATA CORPORATION HAS BEEN ENGAGED TO PROVIDE SEISMIC DATA FOR THIS AREA. THE STATUS OF THE WELL REMAINS UNCHANGED.

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

SIGNED J. L. McClellan

TITLE OPERATOR

DATE AUGUST 22, 1973

(This space for Federal or State office use)

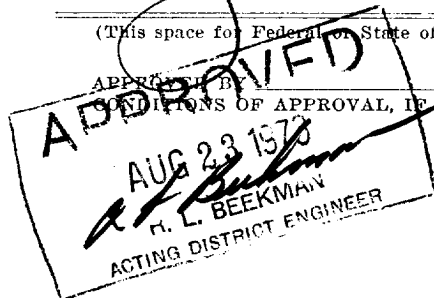
APPROVED BY R. L. BEEKMAN  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

\*See Instructions on Reverse Side

RECEIVED  
AUG 23 1973  
U.S. GEOLOGICAL SURVEY  
ARTESIAN, NEW MEXICO



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O. C. C.  
ARTESIA, OFFICE

RECEIVED

Aug 23 1973

ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED