Form 9-331 (May 1963)

WELL X

14. PERMIT NO.

2. NAME OF OPERATOR

IN ALL WEST OF BELLEVINY UNITED STATES SUBMIT IN TRIPLICA (Other Instructions on reverse side) Form approved. Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO. NM 0271104-A 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.) 7. UNIT AGREEMENT NAME OTHER 8. FARM OR LEASE NAME JACK L. MCCLELLAN 11 A 11 🗦 TOLPAT EEDERAL 3. ADDRESS OF OPERATOR 9. WELL NO. Box 848 - Roswell, New M xico 88201 LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 10. FIELD AND POOL, OR WILDCAT WILDCAT 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 660' FSL & 660' FWL SEC. 22-10S-30E NMPM

16.	Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data					
	NOTICE OF INTENTION TO:			SUBSEQUENT REPORT OF:		
	TEST WATER SHUT-OFF		PULL OR ALTER CASING		WATER SHUT-OFF	REPAIRING WELL
	FRACTURE TREAT		MULTIPLE COMPLETE		FRACTURE TREATMENT	ALTERING CASING
	SHOOT OR ACIDIZE		ABANDON*		SHOOTING OR ACIDIZING	ABANDONMENT*
	REPAIR WELL		CHANGE PLANS	<u> </u>	(Other)	
	(Other)TEMPORARILY ABANDON X		X	(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)		

15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4067.2 GR

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 3650'. RAN GAMMA-SONIC & NEUTRON SURVEYS.

LOGS DO NOT INDICATE PRODUCTION & TOLPAT FEDERAL "B" #1 IN Sec. 28-105-30E WAS NON PRODUCTIVE.

PROPOSE TO TEMPORARILY ABANDON WELL.

AUG211972 A RESIDENCE TO A STREET

12. COUNTY OR PARISH | 13. STATE

NEW MEXICO'

CHAVES

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18. I hereby certify that the foregoing is true and correct SIGNED TITLE	Production Superintendent	DATE AUGUST 17, 1972
(This space for Federal of State office use) ARTHOUGH BY CONDITIONS OF APPROVAL IF ANY: ALL ALL ALL ALL ALL ALL ALL A		well status
BEENTINOINE	ctions on Reverse Side	

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OIL CONSERVATION COMM. HOBBS, N. M.

D.C.C.