

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE  
(Other Instructions on reverse side)Form approved  
Budget Bureau No. 42 R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 0271104-B

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.)

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 FEDERAL "B"	
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 660' FNL & 660' FWL		10. FIELD AND POOL, OR WILDCAT WILDCAT	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4068.7 GR	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC. 28-10S-30E NMPM	
		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:

## 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 type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) TEMPORARILY ABANDON <input checked="" 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 3636'. RAN GAMMA-SONIC &amp; SIDEWALL NEUTRON SURVEYS. SET 5 1/2" CSG AT 3636'.

PERFORATED 5 1/2" CSG 3561-3568'. ACIDIZED W/500 GAL 15% MUD ACID. SWABBED DRY. ACIDIZED W/3000 GAL 15% REG ACID W/BALL SEALERS. SWABBED LOAD AND RECOVERED FORMATION WATER. NO SHOW OF OIL OR GAS. SET CAST IRON BRIDGE PLUG AT 3535'.

PERFORATED 3478'-3492', ACIDIZED W/500 GAL MUD ACID AND SWABBED DRY. ACIDIZED W/3000 GAL 28% REG ACID W/BALL SEALERS. PUT ON PUMP TO RECOVER LOAD. WELL PUMPED DRY WITHOUT RECOVERING LOAD.

FRACED W/24,000 GAL GELLED WATER &amp; 15,250# 20-40 SAND.

WELL PUMPED DRY.

PROPOSE TO TEMPORARILY ABANDON WELL.

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

SIGNED W. L. BeekmanTITLE PRODUCTION SUPERINTENDENTDATE AUGUST 17, 1972

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

AUG 24 1972

W. L. BEEKMAN

ACTING DISTRICT ENGINEER

Subject to submitting well status report on 9-331 every six months.

\*See Instructions on Reverse Side

**RECEIVED**

**AUG 28 1972**

**OIL CONSERVATION COMM.  
HOBBS, N. M.**

**R E C E I V E D**

**AUG 25 1972**

**O. C. C.  
ARTESIA, OFFICE**