Form 9–331
Dec. 1973

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

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 Form 9–331–C for such proposals.)

RECEIVED

APR 19 1985

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

1. oil well [X]   gas well [ ]   other

2. NAME OF OPERATOR
James L. Ludwick

3. ADDRESS OF OPERATOR
Box 70, Farmington, NM, 87499

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 2310' FSL 330' FWL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

Form Approved.
Budget Bureau No. 42–R1424

5. LEASE NOO-C-14-20-5533	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo Allottee	
7. UNIT AGREEMENT NAME	
8. FARM OR LEASE NAME Indian 18	
9. WELL NO. 4	
10. FIELD OR WILDCAT NAME Undesignated Mesaverde Oil	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA §18-19N-5W	
12. COUNTY OR PARISH McKinley	**13. STATE** New Mexico
14. API NO.	
15. ELEVATIONS (SHOW DF, KDB, AND WD)	

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

	REQUEST FOR APPROVAL TO:	SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF	[ ]	[ ]
FRACTURE TREAT	[ ]	[ ]
SHOOT OR ACIDIZE	[ ]	[ ]
REPAIR WELL	[ ]	[ ]
PULL OR ALTER CASING	[ ]	[ ]
MULTIPLE COMPLETE	[ ]	[ ]
CHANGE ZONES	[X]	[ ]
ABANDON*	[ ]	[ ]
(other)		

(NOTE: Report results of multiple completion or zone change on Form 9–330.)

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.)*

Drill deeper than the depth shown on the Application for Permit to Drill.

We now plan to drill to approximately 3300 feet to test the Gallup formation.

If possible pay is encountered, casing will be run and cemented in an approved manner. (oral approval will be requested)

APR 26 1985

OIL CON DIV.

DIST. 3

Set @ _____ Ft.

Subsurface Safety Valve: Manu. and Type _____

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

SIGNED _____ TITLE __Agent__ DATE __April 18, 1985__

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

APPROVED
APR 24 1985

/s/ J. Stan McKee

For M. MILLENBACH
AREA MANAGER

*See Instructions on Reverse Side

NMOCC