

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.)

1. oil ☒ well 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' FEL Sec. 18
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

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

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) ☐

SUBSEQUENT REPORT OF:

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5. LEASE
N00-C-14-20-5532

6. IF INDIAN ALLOTTEE OR TRIBE NAME
Navajo Allotted

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Indian 18

9. WELL NO.
3

10. FIELD OR WILDCAT NAME
Papers Wash Mesaverde Oil Pool

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
I-18-19N-5W

12. COUNTY OR PARISH
San Juan

13. STATE
New Mexico

14. API NO.
30-031-20885

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6659 GR

(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.)*

APPLICATION FOR SUSPENSION OF OPERATIONS AND PRODUCTION

1. Lease No. N00-C-14-20-5532 is in its extended term.
2. The Indian 18 #3 is the only well on the lease.
3. The Indian 18 #3 is a stripper well.
4. The lease is capable of production in paying quantities, but failure to suspend operation and production will lead to premature abandonment.

A permit to vent casinghead gas was approved by the BLM on October 1, 1987 for periods when the casinghead gas production drops below 50 Mcf per day (pool-wide).

THIS APPROVAL EXPIRES MAY 01 1990

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED James L. Ludwick TITLE Agent

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

NMOCC

*See Instructions on Reverse Side

APPROVED	
DATE	_____
DATE <u>MAY 24 1989</u>	
<u>James L. Ludwick</u>	
AREA MANAGER	
FARMINGTON RESOURCE AREA	