NM OIL CONS. COM Drawer DD	MISSION
Artesia, NM 882.	C10 Form Approved. Budget Bureau No. 42–R1424
DEPENTED BY	5. LEASE NM 0610
APR 22 1986 DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
O. C. D. ATTENDATE NOTICES AND REPORTS ON WE	ELLS a different 7. UNIT AGREEMENT NAME Southwest Henshaw Premier Unit
ATTEM, CHARTER form for proposals to drill or to deepen or plug back to a reservoir. Use Form 9–331–C for such proposals.)	8. FARM OR LEASE NAME
1. oil gas down other water inject	10n 9. WELL NO. 10
2. NAME OF OPERATOR Kay Jay Oil Co.	10. FIELD OR WILDCAT NAME West Henshaw Grayburg
3. ADDRESS OF OPERATOR P.O. Box 3565 Midland, Texas 7	29702 11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See s	
below.) AT SURFACE: 1980 FSL-1980 FEL-Sec.18 AT TOP PROD INTERVAL: T16S-R30E	2- 12. COUNTY OR PARISH 13. STATE Eddy New Mex1co
AT TOTAL DEPTH:	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF REPORT, OR OTHER DATA	NOTICE, 15. ELEVATIONS (SHOW DF, KDB, AND WD) 3758 DF
REQUEST FOR APPROVAL TO: SUBSEQUENT REPOR TEST WATER SHUT-OFF FRACTURE TREAT	
SHOOT OR ACIDIZE	(NOTE: Report results of multiple completion or zone change on Form 9–330.)
 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Concluding estimated date of starting any proposed work, measured and true vertical depths for all markers and zon Plugged and abandoned subject water termination of water injection as 	respectivent to this work.)* erflood injection well due to follows: $f \neq A$ $f \neq A$
2. Spotted 25 sx. cement plug	1990,-1990, (tob of diesus)
4. Perforated @ 1500' & spotted	d cement plug (45sx. w/100' inside
& 100' outside) 5. Perforated & spotted 45 sx.	cement plug @ 1045'. (100' inside &
1001 outside WOC & tag plug	cement plug @ 500 . (100 Inside &
7. Spotted 10 sx. repair plug (@ 300 ¹ . WOC & tag plug.
9. Installed dry hole marker a Subsurface Safety Valve: Manu. and Type	ind restored locationFt.
Au A Consisting in true and correct	ENT DATE 5/15/85
	ral or State office use)
APPROVED BY	ral or State office use) DATE DATE
CONDITIONS OF APPROVAL, IF ANY:	and the second
*See Instruction	is on Reverse Side

• .

