C : S F

Form 9-331
(May 1963)

U...TED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIL...ATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM-05855

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.)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

1.

OIL WELL [X]   GAS WELL [ ]   OTHER

RECEIVED

APR 1 5 1980

U.S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

7. UNIT AGREEMENT NAME

2. NAME OF OPERATOR

John H. Trigg

8. FARM OR LEASE NAME

Government

3. ADDRESS OF OPERATOR

Box 520, 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 FSL & 1880 FEL

10. FIELD AND POOL, OR WILDCAT

Undesignated

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 25, T16S, R28E

14. PERMIT NO.

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

3706 G. L.

12. COUNTY OR PARISH

Eddy

13. STATE

New Mexico

16.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO :

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

SUBSEQUENT REPORT OF :

WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREATMENT	ALTERING CASING
SHOOTING OR ACIDIZING	ABANDONMENT*
(Other) _Production Casing_	

(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.) *

4/05/80: Drilled to a total depth of 1838'. Ran 1837' of new J-55,
10½ lb. 4½" csg. Cemented with 200 sx 50/50 Pozmix.

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

SIGNED _John H. Trigg_   TITLE _Operator_   DATE _5/07/80_

(This space for Federal or State office use)

(Sgd) GEORGE H. STEWART

APPROVED BY _____   TITLE _____   DATE _APR 1 5 1980_

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side