

UNITED STATES NM OIL CONS. COMMISSION
DEPARTMENT OF THE INTERIOR DD
GEOLOGICAL SURVEY Artesia, NM 88210

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
JEM Resources, Inc. ✓

3. ADDRESS OF OPERATOR
P. O. Box 649, Artesia, N.M. 88210

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: **1650 S. 990 W. 33-16-29**
AT TOP PROD. INTERVAL: **Same**
AT TOTAL DEPTH: **Same**

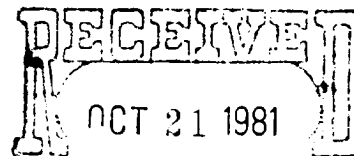
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF	<input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	<input type="checkbox"/>
(other) run 5 1/2 in. casing		

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.)*

On 4-3-80 ran 5 1/2 in. casing 2530 feet 15.5 lbs set with 1121 sacks of cement.
(circulating)



OIL & GAS
U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO

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

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

SIGNED: **BOGER A. CHAPMAN** TITLE **President** DATE **October 20, 1981**

APPROVED BY: **OCT 21 1981** TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

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*See Instructions on Reverse Side