Form 9–331
Dec. 1973

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Form Approved.
Budget Bureau No. 42–R1424

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 [X]   gas well [ ]   other

2. NAME OF OPERATOR
   J E M Resources, Inc. /

3. ADDRESS OF OPERATOR
   Box 648, Artesia, N. Mex. 88210

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
   AT SURFACE: 990 N. 330 E. 5-17-29
   AT TOP PROD. INTERVAL:
   AT TOTAL DEPTH: same

5. LEASE
   NM 011331

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
   Cave Pool Unit

8. FARM OR LEASE NAME
   Hodges Federal

9. WELL NO.
   # 2

10. FIELD OR WILDCAT NAME
    Cave Fl. S A

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
    5-17-29

12. COUNTY OR PARISH   13. STATE
    Eddy   N. MEX.

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
    3603 DF

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA
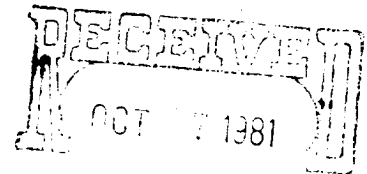
REQUEST FOR APPROVAL TO:

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

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

(other) Change Designation of Well back to Original.

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.)*

Well was deepened from old T.D. of 2426 to 2505. Lovington Sand in

the San Andres Formation was Treated and tests indicate production.

Plan to test and later squeeze off old perforation in the Premier

Sand of the Grayburg. Will change Designation back to Original

which was Hodges Federal # 2.

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

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

SIGNED _____ TITLE Pres. DATE 9-29-81

(This space for Federal or State office use)

APPROVED BY (Orig. Sgd.) PETER W. CHESTER

CONDITIONS OF APPROVAL, IF ANY OCT 1 1981

TITLE _____ DATE _____

OR

*See Instructions on Reverse Side