

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 ☐ gas ☐ other ☒ WIW T/A

2. NAME OF OPERATOR
J.E.M. Resources inc ✓

3. ADDRESS OF OPERATOR
P.O. Box 2938 Ruidoso, N.M. 88345

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 990 FNL 1980 FEL

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 ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

CHANGE ZONES ☐

ABANDON* ☐

(other) Casing test

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5. LEASE

NM-011331

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

C.P.U.

8. FARM OR LEASE NAME

Cave Pool Unit

9. WELL NO.

8

10. FIELD OR WILDCAT NAME

Cave GB/SA

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

Sec. 5-17S-29E

12. COUNTY OR PARISH 13. STATE

Eddy

N.M.

14. API NO.

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

(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.)*

8-1 84 Spot 25 sxs @ 2443 WOC 24 hrs

8-2-84 Pressure test csng to 500 PSI held 30 min no drop. Test witness and approved by Mike Stubblefield of NMOCD.

APPROVED FOR 12 MONTH PERIOD

ENDING 8/1/85

Subsurface Safety Valve: Mapd. and Type

Set @ Ft.

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

SIGNED

ACCEPTED FOR RECORD

TITLE Geologist

DATE

8-13-84

(This space for Federal or State office use)

APPROVED BY

OCT 2 1984

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

Carlsbad, NEW MEXICO

RECEIVED BY

OCT 03 1984

Form Approved.
Budget 66-0-0-42-R1424

ARTESIA, OFFICE

C/SF